MEDICAL

AND

PHYSICAL RECORDER.

VOL. I.....No. IV.

HEREDITARY BLINDNESS.

In a letter from Ennalls Martin, M. B. of Easton, Maryland, dated January 19th, 1809, communicated to the editor, by Dr. Solomon Birckhead, of Baltimore.

AMONG the various maladies, to which the human body is liable, perhaps none can be altogether so distressing to the mind of the unfortunate sufferer, and at the same time excite such general commiseration, as that of blindness. In almost every other affliction of the corporeal frame, some gleam of hope still remains to gladden the coming of another day, some distant lingering expectation seems yet to claim a prospect of relief from the most loathsome and afflicting disease, but in *this case*, "hope that comes to all" is banished for ever. To behold the majestic frame of nature would cheer the drooping spirits, and exalt the soul to heaven by contemplation, when the whole material and intelligent creation are laying in open view; but to the blind man, "the visible universe is totally annihilated." He is even unconscious of space, except so far as the small spot,

which his corporeal frame occupies. The vibrations of sound may indeed warn him, that some object, or some danger is at hand, but alas! every thing else is confusion and darkness to him, while he is "dependant on every creature, and passive to every accident."

To be bereaved of sight by accident, or occasional disease, is what may happen to every man living, and is enough to excite the compassion of every feeling mind; but to be born with the faculty of vision, and at the same time to look forward to a certain period of life with gloomy apprehension, and an almost certain prospect of being deprived of the light of day, must be beyond all human conception afflicting and melancholy.

Whether a similar case to the one I am about to relate is to be found in the annals of medicine, I know not! I have no recollection of having read, or heard of such an one. I have enquired of gentlemen, whose reading has been more extensive than my own, and I am yet to be informed whether the world ever before produced a similar blind race.

This singular instance of hereditary blindness I have had some knowledge of, and have seen the blind Lecomptes of Dorchester county, and the Rigbys, their descendants, of this county, (Talbot) ever since I have had any recollection; but for the following history, I am particularly indebted to the learned James Kemp, D. D. of Dorchester, who owns a farm adjoining to the first settlement, and family mansion, of Anthony Lecompte, the ancestor of the present blind race, and who lived, perhaps, fifteen years their neighbour, and had frequently made interesting enquiries among these unfortunate people from motives of humanity as well as curiosity, long before he obtained their history at my request.

DEAR SIR,

Agreeably to your request, I have collected the following particulars respecting the singular case of blindness in the family of the Lecomptes in my neighborhood.

"Anthony Lecompte was a native of Picardy, in France. He left his native country on account of a persecution of the Protestants, to whom it seems he belonged, and took refuge in England, about an hundred and sixty or seventy years ago. For about eleven years he was an officer in the British army, in which time he married Hester D'Œtleng, who had also fled from Normandy in France, on the same account. He then emigrated to America, where he was soon naturalized, and took up a pretty large body of land on the south side of Choptank River, in Dorchester county. After his settlement here, he lived about fifteen years. Neither he, nor his wife, nor any of their ancestors were ever known to be blind.

Mr. Lecompte had six children, four sons and two daughters—of his sons, the second only, named Moses, became blind, but none of his daughters. Moses was a healthy man, and it is not remembered, that he ever met with any calamity, or any accident to affect his sight. Blindness commenced in the usual manner and at the usual time of his descendants. He married after the commencement of blindness, and had eleven children, eight sons and three daughters. He lived to be fifty seven years of age.

Of the sons of Moses Lecompte, six became blind, and all his daughters. Three of the blind sons and two of the daughters married and had children, which constitute the present generation. In each family some are blind and some enjoy their sight. The whole number to which this calamity has extended, is said to be thirty seven, of which, seventeen belong to the present generation.

Blindness, in general begins to advance about the fifteenth or sixteenth year of age, and ends in total privation of sight about twenty two. Previously to any symptoms of blindness, there is no appearance of any weakness or defect in the eyes; but as the sight declines, a hot humour, at times, issues out of them. Among the first symptoms of declining sight, is a circle seen round the candle or the moon; and as the disease advances, the *pupil* enlarges and the *cornea* becomes more convex. One eye, it is said, becomes totally darkened, before sight declines in the other, but then blindness rapidly advances.

Several eminent physicians have been consulted, and many applications tried without effect. Frequent and copious bleeding has been found to lengthen the progress of blindness. Of one person, it is said that it protracted total blindness till about the thirty eighth year of his age.

The understanding and indeed the imagination of those who are affected with this dreadful malady, seem to become more acute and active, as well as the external senses. Although they can distinguish no object, not even lightning, however vivid, yet they say they have a kind of *lightness*, and when their eyes are covered, they are reduced to impotent darkness. They all declare they can tell when they are near a person or a tree, and that too, in the calmest day.

They are generally healthy, and live to a considerable age. During the decline of sight they seem melancholy, and dejected. But after total blindness they become as cheerful and sprightly as most people.

The disease seems to decline. Of the present generation there is no family, of which so large a proportion are blind, as in the family of Moses. By their intermarriage with other people, this singular peculiarity of constitution seems to weaken. And it may be hoped that a few more

generations may extinguish it entirely. However desirable a thing this may be—however dreadful it may appear to propagate a blind race, yet some of the present generation, both male and female, have married.

The historical particulars, in this short account, I have received from one of this blind race, who possesses a most extraordinary memory and an uncommon degree of readiness in reckaning accounts."

I am Sir, with much esteem,

Yours, &c.

JAS. KEMP.

Dr. Ennalls Martin. *November* 29, 1808.

There is only one particular in this account, which Dr. Kemp has omitted, and which I have collected from the Rigbys of this county, (Talbot) and that is, there never has been an instance, where any one of the family, who had fortunately escaped blindness, has had any blind children, or that their descendants have been subject to blindness.

In general the humours of the eye appear to be gradually absorbed, and the eye sunk ; but in some few instances, and particularly in the case of the blind man, from whom this account has been obtained, as I have heard Dr. Kemp observe, the eyes appear prominent, but upon near inspection the humours are opaque, and look, as if they had run together.

That there is a natural defect in the organization of the eye, communicated from parent to child is very obvious ; and that that defect is in the system of absorbents of that organ, is equally obvious ; but why it is so, will continue to be as incomprehensible as the mystery of creation itself.

Though I was born in this county (Talbot) and have practised medicine and surgery in it for nearly twenty six

years, and have occasionally been called into the families of the Rigbys, I never had an opportunity of observing the progress of this malady, neither upon enquiry among my colleagues in practice, can I learn, that they have been consulted, though several of these people have gone blind within a few years past. From whence I had concluded, until otherwise informed by Dr. Kemp, that they had long ceased to indulge a hope of relief.

I recollect to have heard my father say, that some forty or fifty years ago, a certain oculist, or perhaps quack, appeared in this county, and promised, as usual, great things; and that he performed some kind of operation on their eyes, which proved rather injurious to them. Perhaps this and other experiments may have acted in terrorem to future prospects of cure, and thus have cut off all chance of relief, if any, perchance, is in store for them. I will yet indulge a hope, that, if a proper receptacle* should ever be

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* It has long dwelt upon my mind, that it would redound greatly to the credit of this county, and more especially to the state of Maryland, if an infirmary was established in Easton, being the capital of the Eastern Shore. It would soon become the receptacle for objects of compassion from the different counties, and more particularly for such as might stand in need of surgical aid. Generations unborn would hail the founders of such an establishment, as the guardians of humanity, and the friends of wretchedness.

For the want of such a place, many of our fellow creatures are suffered to linger out a wretched existence, who might otherwise be relieved from disease, or at least rendered much more comfortable, for the short space of time that they might have to live. The best of us have "just time to look about us, and to die."

established in this place for the relief of the unfortunate of every description, some further light will yet be shed upon a subject so extremely interesting, as well as distressing, as that of *Hereditary Blindness.*

Such an establishment would cost the state, and county yearly, very little after the house was built. It would be most certainly attended by the physicians and surgeons without fee or reward. A great proportion of the patients might be able to pay something for the benefit they would derive from medical aid. The surgery of Maryland would be improved, for it is to be presumed, that tho' many of the gentlemen of the faculty are deficient in experimental surgery, they are not so in talents. Let the door be opened to fame with due emoluments, and the Eastern Shore of Maryland, will not be found the last nor the least in the circle of science.

PHYSIOLOGICAL RESEARCHES.

TRANSLATED FROM THE FRENCH OF XAV: BICHAT,

BY THE EDITOR.

Of the epigastric centre; it does not exist in the sense in which authors have understood it.

Authors have never differed about the cerebral focus; all voluntary motions have been considered by them as an effect of its irradiations. But they are not agreed in their opinion of the epigastric focus; some place it in the diaphragm, others in the pylorus, and some others in the solar plexus of the great sympathetic.*

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* This nervous entanglement, produced principally from the semilunar ganglion, belongs to almost the whole abdominal vascular system, whose different ramifications it closely follows. It is, as it is usually seen, one of the divisions of the great sympathetic; but it appears to me that the ideas of anatomists upon this important nerve, are very little conformable to what nature presents to us.

It is represented by every body as a medullary cord, extending from the head to the sacral region, sending off in its course, different ramifications to the neck, breast and lower belly, following in its distributions a course analogous to that of the nerves of the spine, and having its origin from these nerves as well as from the brain. Whatever may be the name by which it is designated, sympathetic, intercostal, &c. the manner of regarding it is still the same.

All appear to me to err on this point, in this, that in assimilating the second, to the first focus, they believe that the passions like the sensations have one uniform and invariable centre.

What has induced this opinion, is that sensation of oppression which is felt in the neighborhood of the *cardia* in painful affections.

I believe that this method of considering it is entirely false, that there exists really no such nerve as that designated by these words, and that what is taken for a nerve is nothing more than a course of communications between different nervous centres placed at different distances from each other.

The nervous centres are the *ganglions*. Disseminated through the different regions, they have all an independent and separate action. Each one is a particular *focus*, which sends out in different directions numerous ramifications which carry in their respective organs, the irradiations of the focus from which they escape. Among these ramifications, some go from one ganglion to another; and as these branches which unite the ganglions, form altogether a sort of continued *cord*, this cord has been considered as a separate nerve; but these branches are only communications, simple *anastomoses*, and not a nerve like the others.

This is so true, that these communications are often interrupted. There are subjects, for example, in whom a very distinct interval is found between the pectoral and lumbar portions of what is called the great sympathetic, which appears in that place to be cut. I have likewise seen this pretended nerve vanish and reappear, in the lumbar, as well as in the sacral region. Who does not know that sometimes a single branch, and sometimes several pass from one ganglion to another, particularly between the last cervical and the

But we must remark that in the internal organ, the sensation arising from the affection of a part, is always a deceitful indication of the seat and extent of that affection; for example, hunger extends its influence over the whole of the stomach, though the cardia alone appears to transmit the sensation to us. A large inflamed surface in the *pleura*, or in the lungs, most frequently produces a pain concentred in a small point. How often do we not observe that a mix-

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first dorsal vertebræ, that the volume of these branches vary in a singular manner, and that after having furnished numerous divisions, the *sympathetic* is larger than before it distributed any.

These different considerations evidently prove that the communicating branches of the ganglions no more suppose one continued nerve, than the branches which pass from each of the cervical, lumbar or sacral pairs, to the two pairs which are inferior and superior to it. Indeed, notwithstanding these communications, each pair is considered in a separate manner; it is not pretended that their assemblage constitutes a nerve.

Each ganglion should also be regarded separately, and the branches which come out of them described.

Hence, I shall in future in my description (in which I have hitherto followed the common method) divide the nerves into two great systems, the one emanating from the brain, the other from the ganglions: the first has one centre only; the second, a great number of them.

I shall first examine the divisions of the cerebral system; I shall then treat of the system of the ganglions, which may be subdivided into those of the head, thorax, abdomen, and belly.

In the head are found the lenticular, that of Mekel, that of the sublingual gland, &c. Though no communication

ed and circumscribed pain in the head, abdomen, &c. coincides with an affection widely extended, and even having its seat in a place entirely different from what we presume! We should never therefore consider the spot to which we refer the sensation, as a sure indication of the precise place that the affection occupies, but as a sign only that it is to be found there, or in the neighborhood.

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connects these different centres, either among themselves or with the pretended great sympathetic, their description notwithstanding, belongs to that of the nerves of which this is made up, seeing that the communications are only dispositions accessary to the system of nerves.

In the neck the three cervical ganglions, sometimes another on the side of the *trachea arteria*, in the breast the twelve thoracics, in the abdomen the semilunar, the lumbars, &c. and in the pelvis the sacral; these are the different centres whose ramifications must be examined separately, as that of the cerebral centre is considered.

For example, I will in the first place describe the semilunar ganglion, as is done for the brain; I shall in the next place examine its branches, among which is placed that by which it communicates with the thoracic ganglions, that is to say, the great splanchnic; for it is very improper to say that this nerve gives birth to the ganglion. In the neck and head also each ganglion will be first described; then I shall treat of their branches among which are those of communication. The disposition being nearly common for the ganglions of the chest, belly, and loins, &c. the description will be pretty general for each region.

This method of considering the nerves by placing a line of demarcation between their two great systems, presents these systems as they are really found in nature.

What anatomist has not been struck with the differences found between the nerves of the two systems? Those from

It follows from what has been said, that in order to form an idea of the organ with which this or that passion is in connexion, it is necessary to recur not only to the sensation but to the effect produced in the functions of the organ, by the influence of the passion. Now, in departing from this principle, it is easy to see that it is sometimes the digestive organs, sometimes the circulatory system, and sometimes the viscera belonging to the secretions, which experience a change, a disturbance in our moral affections.

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the brain are larger, less numerous, whiter, more compact in their texture, and exposed to less frequent variations. On the contrary, extreme tenuity, very considerable numbers, particularly towards the plexus, a grayish colour, a remarkable softnes of texture, and very common variations, are the characters of the nerves coming from the ganglions, if you except those of communication with the cerebral nerves, and some of those which unite among them those little nervous centres.

Besides, this division of the general system of the nerves accords with the division of life. It is well known that the external functions, the sensations, locomotion and voice are under the direction of the cerebral nervous system; that on the contrary most of the organs serving the internal functions take their nerves from the ganglions, and with them the principle of their action. It is known also that animal sensibility and contractibility arise from the first: that from the second arise only organic sensibility and contractibility.

I have said elsewhere that the term of this kind of sensibility and the origin of the corresponding contractibility, are in the organ itself in which they are observed; but perhaps this term and origin are more distant, and exist in the ganglion from which the organ receives its nerves; as the end and

I shall not recur to the proofs which establish this truth, but resting upon it, as being demonstrated, I will say that there is no fixed and constant centre for the passions as there is for the sensations; that the liver, lungs, spleen, stomach, heart, &c. alternately affected, form by turns the epigastric focus, so celebrated in our modern works; that if we refer, in general, to this region, the sensible impression of all our affections, it is that all the important viscera of organic life, are found concentered there; that if nature had separated these viscera by great intervals, in placing for example, the liver in the pelvis, the stomach in the neck, while the

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origin of animal sensibility and contractibility, are always found in the brain. If this is the case, it may be easily conceived, as the ganglions are very numerous, why the powers of organic life do not refer, like those of animal life, to one common centre.

It is manifest, after these considerations, that there exists no such nerve as the great sympathetic, and that what is designated by this word, is no more than an assemblage of small nervous systems, having separate functions, but communicating branches.

What is to be thought then, of those disputes of anatomists about the origin of this pretended nerve, which has been fixed in the sixth, the fifth pair, &c. in those of the neck, the back, &c.

Several physiologists have entertained ideas of the ganglions similar to those I have just presented, considering those bodies as little brains; but it is necessary to correct these views in the description which, such as they present it, gives a very improper idea, both of the nervous centres, and of the nerves which go out of them.

The expression *nervous branches giving birth to such a ganglion, &c.* is as incorrect as to say that the brain is formed of the nerves, of which it is itself the origin.

heart and spleen remained in their proper places, then the epigastric focus would disappear and the local sensations of our passions would vary according to the organ upon which they exercised their influence.

Camper, in determining the *facial angle*, has given place to some luminous considerations upon the respective intelligence of animals. It appears that not only the functions of the brain, but all those, in general, of animal life, which find in it their common centre, have pretty nearly this angle as the measure of perfection.

It would be very curious to point out also a measure, which, taken in the parts subservient to organic life, could fix the rank of each species under the head of the passions. Why is *sentiment* carried to so high a point in the dog? Why do recognition, sadness, joy, hatred, friendship, &c. agitate him so easily? In this respect he is superior to other animals: has he any thing more perfect in his organic life? The ape astonishes us by his ingenuity, his disposition to imitate, and by his intelligence; is it by the superiority of his animal life, that he leaves far behind him the best organized species? Other animals, as the elephant, interest us by their attachments, their affections, and their passions, and charm us by their address, the extent of their perception, and their intelligence. The cerebral centre, and the internal or organic functions, are in the same degree of perfection in them; nature appears to have equally enlarged the boundaries of their two lives.

A rapid glance at the series of animals, will thus show us, sometimes the phenomena relative to the sensations, predominating over those arising from the passions, sometimes the latter predominating over the former, at other times an equilibrium established between them, and according to these different circumstances, organic and animal life alternately superior, inferior, or equal to each other.

What we observe in the long chain of animated beings, we may remark in the human species taken separately. In the one, the passions, which govern them, are the principle of the greater number of their motions; the influence of animal life every moment surpassed by the organic, incessantly gives birth to actions to which the will is almost a stranger, and which, too often bring after them bitter regrets, which are felt the moment animal life resumes its empire. In the other, this life is superior to the former; hence all the phenomena relative to the sensations, perception and intelligence appear to be aggrandized at the expence of the passions which are condemned to silence by the organization of the individual. Hence the will presides; the locomotive muscles are in constant dependance on the brain, while in the preceding case it is the gastric and pectoral organs chiefly which put them in play.

The man whose constitution is the most happy and at the same time the most rare, is he who has the two lives in a sort of equilibrium, in whom the cerebral and epigastric centres exercise an equal action, in whom the passions animate, warm, and exalt the intellectual phenomena without seizing the reins, and who finds an obstacle in his judgment, which he can always oppose to their impetuous influence.

It is this influence of the passions over the actions of animal life, which constitutes what is called the character, and which, like the temperament manifestly belongs to organic life: as do also its different attributes; every thing which emanates from it, if I may use the expression, is involuntary. Our external actions form a picture of which the ground and design are taken from animal life, but over which organic life spreads the shades and colouring of the passions. These shades and colourings form the character.

Almost all philosophers have remarked this alternate predominance of the two lives; Plato, Marcus Aurelius, St.

Augustin, Bacon, St. Paul, Leibnitz, Vanhelmont, Buffon, &c. have all recognized in us two sorts of principle; by the one we subdue all our moral actions, and the other appears to produce them involuntarily. Where is the necessity of seeking, as most of them have done, to know the nature of these principles? Let us observe the phenomena, and analyze the connexions which unite them one to the other, without endeavouring to trace them to their first causes.

[The intended establishment of another Medical publication in this city, under the title of the "Medical Journal" having been, as I understand, entirely abandoned, the gentlemen composing the association of editors, very politely put into the hands of my publisher, Mr. George Hill, for my use, the three letters which follow, and which had been communicated to them for their proposed Journal. My not having the pleasure of a personal acquaintance with any of those gentlemen, will be sufficient apology, I trust, for offering them thus publickly the thanks due to their civility.]

[*Editor.*

South-Wark, August 1808.

GENTLEMEN,

Your letter in request for some little assistance, for your intended publication, was cheerfully received, and accordingly I have herewith transmitted for your use, a few brief cases, or rather medical facts. They have been copied verbatim out of my note book, or register of unusual experience, which accounts for their being more properly medical memoranda, than complete histories of cases. I cannot avoid expressing a desire that the "Medical Journal" will be favourably received, and that it will meet with a due proportion of encouragement from the profession generally.

I am gentlemen, yours, &c.

JOSEPH KLAPP.

To the editors of the Medical Journal.

CASE I.

John Davis, just recovered from an attack of Cholera-Morbus, under my direction, has for upwards of fifteen years been afflicted with the piles, or periodical discharge of blood from the veins near the margin of the rectum, but what is

worthy of observation, is that his case is in the following manner, an example of different parts of the animal body, occasionally performing vicarious offices. Provided he does not loose blood, according to custom, from the hœmorrhoidal vessels, it is always expectorated by the lungs.

CASE II.

Some time ago a neighbour threatened to beat the child of a woman, who was supposed to labour under an incurable anasarcous dropsy. For some days she had been so much incumbered with the swelling, as scarcely to be able to move hand or foot. At the abusive and menacing language of her neighbour, she became suddenly affected with a gush of passion, and forgetting the infirm condition she had been in, sprang up from her chair, and ran towards a corner of the room where there was a gun, with which she swore she would shoot him, if he made a further attempt to put his threats into execution. The man was alarmed at her unexpected intrepidity, and went off without whipping her son. The next day the anasarcous affection which had for a long time resisted a variety of remedies, disappeared without again returning. The woman from that time began to recover her strength, and in a short time possessed her customary health. This case did not occur under my particular notice, but the account I give of it was received from the mother of the patient, who, I believe was an eye witness to the transaction.

CASE III.

An infant of Mr. R. D. is now under my care, with an affection of an unparalleled kind, at least it may be termed such with regard to the course of my reading, and practice. The child, according to the mother's account, has ever since its birth been addicted to spells of excessive crying. A few days since, while it was in one of these paroxysms of crying

the crystalline lens of one of the eyes was projected to some distance out on the floor; it was taken up, and by the father of the child immediately brought to my house to ascertain what it was. The figure, transparency and general appearance of the lens, was then as natural as I had ever seen. For some time previous to this singular occurrence, the child had been afflicted with a soreness of both eyes. I am treating the case pretty much as if the patient had been operated on for a cataract. Keeping the child as much from crying as possible. The use of occasional purges, and a dark room make up the principal remedies I have as yet had recourse to.

An account of a large collection of matter diffused through the whole duplicature of the peritonœum.

Gettysburg, August 1st, 1808.

GENTLEMEN,

Through the politeness of Dr. Finly, I received an invitation to communicate to you, any case which I might consider interesting; your acceptance of the following case, and such as I may hereafter offer, will give me much pleasure; wishing you great success in your very important undertaking, I beg leave to subscribe myself,

Your most obedient,

HORATIO GATES JAMESON.

An account of a large collection of purulent matter, diffused through the whole duplicature of the peritonœum.

Miss Sally Deal, aged eight years, was attacked about the 22d of January 1807, with violent pain in her bowels; high fever, vomiting and costipation succeeded. Supposing it a case of colic, of which we had a great number about that time, I sent, 25th, when first called on, some purging me-

dicines and also gentle anodynes. 26th, high fever, burning sensation in the belly, considerable thirst, pulse frequent and feeble. I bled her half a pint, and gave her a purge of calomel, also a weak alkaline solution. February 2d, considerably better after I bled her, but still confined to bed; some little appetite; most intolerable pain in her right side yesterday; walks bent to that side, I sent some laxative medicine, with nitre, and also some laudanum, to be given when the pain is very severe. 11th, she was a little better for some days after I saw her, now much worse, her belly considerably swelled, principally the right side; she screams out frequently with the violent pain in her side, still some appetite, considerable flashes of heat sometimes, no chills, not much reduced, able to walk more upright, also able to lie on her back and right side, which she could not do for several days before. Give two and an half grains calomel morning and evening, when the pain is great give laudanum; very low diet. 15th, something better, very little pain except in the evenings, when she has a most violent spell for an hour or two; rather costive, considerably reduced, some fever; swelling lessened in the right side, belly also less swelled, sent some volatile liniment to rub the abdomen, Rhub. and C. Tart. to keep open the bowels; laudanum to moderate the pain. March 3d, I called on her and was informed that she has been no better and that they were with a water Doctor of Chambersburg, the pain has shifted to her left side and is very severe; probably in the spleen; screams out frequently with pain, the whole abdomen is much swoln, with a hardness and prominence above the navel, which is very sore to the touch; the veins over the sternum are turgid with blood; the respiration frequent and laborious, a sense of suffocation the last two days; wasted to a mere skeleton; bowels regular; a few days ago the pain shifted to her left foot and leg, where it was most into-

lerable for several hours; the abdomen was much more swelled, a fluid is now evident; the feet much swoln, and pit from pressure. Gave twenty drops laudanum last night, she being in very great pain; rested better this night than any one since she was sick; pulse very quick, irregular, and rather tense. Sal. Nitre, and drastric purges were given; laudanum in the evenings when much pained; apply flannel to the legs and abdomen; measure her urine. 12th, purges have vomited her a good deal; did not purge till yesterday, when they operated briskly and relieved her much; she has not been quite so much pained since I saw her last, but very weak, and feels more sick; the pain in her left side has moved into her belly, a little above the navel, where there is a prominence, which is a little softer than the rest of the belly; the belly more swelled, no increase of urine; pulse pretty full; some appetite for animal food, thirsty, the countenance more lively; breathing a little easier; the feet continue swelled. Applied tobacco steeped in hot vinegar, to the abdomen, in the evening, sweat considerable that night, was clear of pain, but could not sleep; repeat the tobacco morning and evening; continue the purging medicines. 17th, she has been much easier since last account; pain very moderate while an anodyne is given in the evening, if omitted she can not rest; swelling has abated considerably in the lower part of the belly, epigastrium nearly the same; the prominence formerly mentioned, is now more pointed, red and soft; respiration pretty free; not much fever, appetite pretty good; swelling nearly gone from her feet and legs; makes more water, has less thirst, sweats freely. Being now convinced that pus was collected within the abdomen, I made a puncture into the pointed part; a thick greenish yellow matter issued out with great force, a stream one third of an inch, I suppose, raised at least a foot, and continued at that rate for some time;

the belly was nearly reduced to its proper size; between two and three quarts must have been discharged, of as complete pus as ever was formed: the bye-standers compared the smell of it to leaven, it was evidently acid, smelling as if musty and sour; she was a little fainty, a little sweetened spirits revived her: a bandage was applied, as for tapping, and a constant pressure kept up. A poultice was applied over the puncture, on account of its feeling hard for two or three inches around, and also feeling somewhat lumpy; the bandage continued. 18th, she fainted in the afternoon yesterday and the family thought she was gone for a few moments; rested pretty well last night, much better to day; sent bark to be taken in moderate quantity; continued the small poultices of bread and milk. 20th, appetite good; cheerful, able to sit up a little; discharge has ceased since yesterday; I probed the opening and found it open, but no matter came away; legs quite reduced to their usual size, belly somewhat swelled and hard, no pain; sleeps very much; continue former directions, except the laudanum. 25th violent pain in her bowels, so severe as to alarm the family very much, it continued from noon till twelve o'clock at night; opening discharges freely; severe cough, but able to rise from bed; belly feels softer; laborious breathing, palpitation of heart; her parents supposed she had an attack of the cholic, from eating a raw apple. April 1st, has been much better till two or three days back, she was attacked with high fever, chill, &c. bowels regular, appetite good; opening runs freely, they suppose it discharged nearly a pint yesterday morning, and half as much this morning; has gained some strength; use the bark freely. 4th, much better; mostly up; appetite very good; a severe cough brought on a discharge of matter, not less than a pint, very little had been cischarged since last account; fever has left her. 8th, did not rest well last night, severe cough;

some pain in her belly; continue the bark, and dress with basilicon. 18th, complained yesterday of severe head ache, high fever; I was informed that large quantities of clear pus have been coming away daily about a week, with or immediately after her stools, but never mixed with the fæces; opening discharges but little; continue the bark, and light nourishing diet. 26th, mends rapidly; continue last directions. May 6th, opening healed for several days, quite well, has been a mile abroad yesterday, without being any way injured from the walking. This morning fell from a high porch, by treading on her shoe string, fell with her left side on a step, complains since of most intolerable pain in her belly; vomits severely, throws up great quantities of blood; being sick myself, I could not visit her, ordered her to be bled, and laudanum to be given pretty freely till the vomiting and pain abate. 7th, puncture opened last night and considerable quantity of watery matter mixed with blood came away; has vomited bile, and pus separately, and also mixed; some pain in her belly; costive: gentle laxatives and laudanum were given. 9th, has been better till this morning, a violent pain in her bowels; vomits very much; opening discharges some watery matter, and sometimes a little pus; continue laxatives and anodynes; rub the abdomen with elder ointment frequently. 12th, stomach very weak; vomits after eating; some times pained in her belly; abdomen quite lank; opening healed. From this time she recovered rapidly, and has enjoyed very good health since.

REMARKS.

I presume the above case will be thought a rare one, and that it goes far towards shewing what great ravages the human system can sustain without being destroyed. I am well convinced that six quarts of purulent matter were discharged in the space of twenty-two days. I have made use of

the words very severe, violent, intolerable, excruciating, &c. to express the degree of pain she felt at times; from her actions, I judge none of these words nor any within my knowledge can convey to a person who did not see her, a just notion of her distress; it was indescribable, it was such as must have excited the pity of the most ferocious savage; poor little creature, I never shall forget the anguish which I sometimes felt; nor shall I ever cease to adore and return thanks to HIM who directs great and small. It may be remarked that she had some appetite in all her distress and probably the stomach remaining unaffected, was the means of saving her. Perhaps copious bleeding in the beginning would have prevented the formation of matter. The tobacco would probably have cured her of a dropsy; it caused her to sweat freely, to make more urine, and lessened the swelling of her feet, legs, and abdomen considerably. That the matter was enclosed within the peritonæum I have no doubt; how could it have passed into the intestines? was it from ulceration, or could that part have come from the liver, through the common passage into the duodenum?

Observations on the use of the muriatic acid in the treatment of Scrophula, communicated to the editors, by a medical gentleman of Philadelphia.

GENTLEMEN,

According to promise, I send you the following statement of the use of the Muriatic Acid in Scrophula.

On the 1st of May 1808, I began the use of Muriatic Acid, on the son of Mr. B. G. who has been afflicted with Scrophulous tumors and Ulcers for two years, but in other respects, a healthy boy of fourteen years of age; he

had previously taken the muriate of lime, muriate of Barytes, and the different mercurial preparations with the mortification of seeing him get worse under their use, he had likewise been kept for months in the country upon a milk and vegetable diet, but without any amendments whatever in the disease.

Having seen the good effects of the muriatic acid in other diseases, I was determined to give it a trial in this and immediately began by giving him five drops, three times a day in porter, of which he was allowed to take a bottle during the twenty four hours, and put on the most rich and nourishing diet, the external application was simple cerate. On the tenth of May the dose was encreased to ten drops in the same space of time; on the 15th fifteen drops three times a day; the ulcers do not get any worse, and one of the scrophulous tumors has become much softer. On the twenty-fifth his dose was encreased to twenty drops three times a day, as the porter disagrees with his stomach the medicine is given him in Madeira wine and loaf sugar, of the former of which he is allowed six ounces per day; under this plan of treatment his appetite is improving, and he becomes stronger; this dose was continued until the first of June, when it was encreased to twenty-five drops in the same time; the ulcers now look much better and the discharge from them of ichor as well as of calculous concretions has almost ceased; on the tenth of June they continued mending; the scrophulous tumors have very nearly disappeared; on the twentieth, only one of the four ulcers now remains open; on the first of July they are all entirely healed, and only one very small tumor can be felt with the finger, that was greatly absorbed, and the child is at this moment in proper health.

On the first of June a case occurred where the patient had taken all the common remedies as well as arsenical prepara-

tions during the four years of her being afflicted with the disease; being an adult, I began with giving her twenty-five drops three times a day, and encreased it gradually up to sixty in the same space of time. On the first of July there was an evident alteration for the better, which still encreases and there is every appearance of a perfect cure being effected in a short time as the discharge from the ulcers has very nearly ceased, and the neck from being enormously swelled has recovered its proper size.

On the tenth of July, professor Woodhouse very politely put into my hands some of the phosphat of iron, with a request that I would embrace an early opportunity of giving this very fashionable remedy a trial; being consulted about that moment in the case of a girl ten years of age, who had been afflicted between two and three years, I thought it a fair opportunity, and began by giving her what was conceived a large dose, ten grains three times a day, which was continued without any intermission until the whole of the six drams was consumed, and the patient appearing not to derive the least advantage from it whatever; having as I thought done so much service with the acid in the former cases, I determined to give it a trial here also and am happy in saying that the patient is getting well fast under its use; it is my intention to continue the employment of it, though in smaller doses, for weeks after the patients are apparently perfectly well, for reasoning from analogy, I should suppose them not perfectly secure from the ravages of that morbid poison without such a precaution.

In a conversation which I had with Dr. Thomas Parker, he very warmly recommended the stimulating diet, adding that he had never seen any good ensue from the opposite plan of treatment; and when we hear of persons getting well upon their going to watering places, such as the sea shore, may not the rich and nourishing diet obtained there

contribute in a much greater degree than the salt water to the re-establishment of their health, as one of the worst cases I ever witnessed, was that of a sailor where the disease commenced, when on a long voyage ?

I thus publicly beg leave to return my thanks to the gentleman above mentioned for information which appears to me of eminent consequence in the treatment of this loathsome disease ; and that it may be found an adequate remedy is the sincere wish of a

FRIEND TO MEDICINE.

Philadelphia, September 12, 1808.

To the Editor of the Medical and Physical Recorder.

A CASE OF HEPATIC AFFECTION.

DEAR SIR,

If you think the following case of Hepatic Affection sufficiently interesting, you will give it a place in your Recorder—On perusing you will perceive my design in offering it to the public.

Mr. P. aged above fifty, short, fat, a large head and rather florid, came to this city from Norfolk, in the beginning of October, 1807, he lodged at the Indian Queen. I was sent for to visit him on the 13th at 4, P. M. He was suffering from excessive pain in the hepatic region, extending to the parts in its vicinity, attended with nausea, and he had been some time without an alvine evacuation. His pulse was small and quick, ordered the following

℞ Carbon Potass: ℥2.
Tart: Potass:
Aquæ ammoniæ } aa ℥ss.
—— Rosarum
—— Menthæ } aa ℥8 m.

Cujus capiat pocillum (small wine glass) pari quantitate acidi vegetabilis, in actu effervescentiæ quaque hora donec alvus bene responderet. This remained quietly on his stomach, afforded him sensible relief, and a few doses purged him copiously.

At noon finding the febrile action still continue, notwithstanding the freedom with which the bowels were emptied.

℞ Camphoræ ℈j. spt. nitri dulcis ℥j. m. cochl. parv: pocillulo aquæ tepidæ edulcoratæ quaque hora sumat. This created no disturbance in the stomach, and in the evening the fever considerably remitted; at 10 o'clock P. M. he was free from uneasiness.

14th, he had a good night, but awoke this morning with a return of the uneasy sensations in the abdomen.

℞ Calomel : camphoræ aa ℈j.
Pulv. Antimon : ℈ss.
——— Rhei ʒss. m fiat Pil : lege artis 16. æquales. Cujus capiat duas 2nda quaque hora donec alvus responderet mitte spt. nitri dulcis ʒj. cochl : parv : quaque hora sumat.

At noon he had taken eight of the pills, all of which were retained ; the pain in the epigastrium distressing, and the pulse was quick and small, repr. mist : salin : ut heri addendo tinct opii compos : ʒss.

He continued all the afternoon to increase in suffering from the pain in the epigastrium and began to despond of life, having a constant *jactatio* ; obtained only three small inefficient stools, although the mixture was quietly retained in the stomach. At 7. P. M. Dr. Littlejohn was called and proposed venesection, from which perhaps I had been too much deterred by the smallness of the pulse. Eight ounces were taken from the arm. It was of a dark modena red, as it flowed from the orifice. The pulse soon after rose considerably. We gave him immediately afterwards a double dose of the saline mixture; but this was rejected. We had then recourse to Ol : Ricini, which remained and in a short time operated freely. At 10 P. M. we found him much easier, the paroxysm having gradually diminished and terminated by a gentle diaphoresis. 15th we visited him at 7 A. M. He suffered much in the night from affliction in his abdomen ; had since last evening several small stools without relief. We repeated the Ol : Ricini, by noon it had operated, but effected no benefit. ℞ cal : ʒss. pulvs. opii gr. 3. m. f. l. a. pil : 6 æqs. unam 2nda quaque hora ; S : Ordered an emollient enema, and warm salt in a bag to

be applied to the part affected. At 4 P. M. some evacuations had been procured; but no diminution of suffering. The two first pills gave no disturbance. The third became so offensive he could not retain it. We agreed to give him the following purgative.

℞ Pulvs. jalapii: calomel: aa ℈ss.

Sacchari ʒss m. This proved acceptable, and operated sufficiently, assisted by another enema. About five the paroxysm which had endured from an early hour yesterday morning, say from five to five this evening, made twenty four hours, with scarcely any abatement. He now fell into a profound sleep. In this he continued until nearly 10 P. M. but alas! he again awoke, having a return of suffering; his pulse was one hundred and eight and no way diminished in strength, although he had been copiously purged. We endeavored to alleviate his pain by diaphoretic anodynes which about 11 P. M. procured him a comfortable sleep, which continued until morning; but he awoke to a renewal of torment. 16th, at 6 A. M. the paroxysm recommenced. We repeated the saline mixture with the neutral salt; but this was not retained; we then gave him the same with cold infus; flor: cham: with no better effect. Ordered the pulv: jal: and cal: as before which operated well, at 7 P. M. the pain was excessive; repeated the enema, and ordered an anodyne embrocation with volatile alkali.

17th, had a restless night; a slight remission towards morning. Repeated the saline mixture; this occasioned flatulence administered it with acid: mur: dilut: loco acid: limonum which proved less offensive, and applied the anodyne embrocation diligently; pulse always soft and ranged from one hundred and four to one hundred and eight; evening having had no stool, repeated the enema. 18th, again a bad night. The paroxysm had recurred with additional vehemence, and the pulse felt fuller than before; we ventured

to take off about six ounces of blood, but an immediate failure of strength admonished us to desist. He continued very weak for several hours. When the reaction was restored, his eyes evidenced an approaching delirium. At 1 P. M. he was completely deranged, and incapable of articulation; we applied epispastics to his ancles and the nape of his neck.

19th, had a very restless night; this morning more composed; the epispastics operated effectually; having more evidence of apyrexia, we ordered a decoction of cinchona, which he took without inconvenience. At 1 P. M. he was able to pronounce a few words; we applied epispastics to his arms. In the afternoon he coughed with some energy and brought up some matter that was very offensive in smell and resembled pus. We gave him the decoct: cinchonæ with wine freely. At 7 P. M. he was nearly restored to speech, and complained of a more acute pain to the right of the scrobiculus cordis, than he had yet experienced.

20th, had a tolerably quiet night, and was this morning perfectly sensible, and in the full possession of his speech; he desponded of recovery, and suffered much from the pain in the right epigastrium, but felt no inconvenience from lying on one side more than the other, nor was there any affection of either shoulder such as accompanies an adhesion of the peritoneal coat of the liver to the intercostal muscles or the parietes abdominis. The blisters on the extremities were dry, but that on the neck discharged freely. His pulse was weak, soft and quick, and the debility was great. We continued the Decoct: cinchonæ with wine, both of which proved very acceptable, and he used them unsparingly.

Evening, no abatement of any symptom, and a slight subsultus tendinum was perceiveable. The disease from this time until the twenty third proceeded with no other variation than is usual in the progress of such affections. He continued the decoction with wine; his bowels were kept open

by enemas, and small portions of rhubarb were occasionally added to the doses of the decoction, with the desired effect. At 1 P. M. of this day he had a smart rigor which was succeeded by a higher degree of pyrexia than he had yet experienced. In the evening he was again deranged, and had two copious stools, by which he was much sunk. Whilst the pyrexia was advancing to its height, there was a strong pulsation in the epigastrium; that at the wrist was weak and had an oscillation which usually marks the formation of pus.

Being now satisfied that an abcess was forming, if not already formed in the superior gibbous part of the large lobe of the liver: it became a question whether an opening was not immediately adviseable. We were pressed to undertake it by the patient, as affording the only possible means of saving his life, but were deterred from it by the following considerations.

The seat of pain was not confined to a particular spot, but occupied an area of perhaps more than an inch in diameter. There was no pain as before mentioned, in either shoulder, and from these circumstances, no proof could be obtained that an adhesion existed between the liver and the external parts of the abdomen, which must be cut through to come at the abcess. Suppose these parts divided, and issue afterwards given to the contents of the abscess, wherein would the matter be received? The canula of a long trochar might, it is true, convey the principal part of it out of the body; but assuredly no small share would be admitted into the adjacent cavity. How far this would have defeated our purpose of remedying the disease, it is impossible to determine, but it certainly appeared to be too hazardous an undertaking. I have already stated, in my communication to you, on the seats and causes of disease, that in the Demerary hospital, I had often found an abscess in the internal parenchymatous part of the liver, where no adhesion to any of the surround-

ing parts was to be discovered. This strikingly appeared to be of the same description, and seemed to deny every hope to my mind, of the case being within the reach of human aid, we therefore declined the operation.

24th, the fever abated towards morning, when he obtained some quiet rest for several hours. About noon the paroxysm recommenced, and continued increasing with great suffering through the whole day. Calomel camphr. and nitre in powders were administered and quietly retained. This paroxysm was not ushered in with a rigor as yesterday; but 25th, was called to him this morning at four, when it recurred with great violence, to which a corresponding Pyrexia supervened; a mercurial purgative was given, to open the bowels; an enema became requisite to effect this purpose. The fever abated towards evening; from its commencement the pain was very acute, still in the same situation. The pulse corresponded with the other symptoms. The fæces of which he had two or three evacuations were of a dark colour and very offensive; this suggested a full dose of oleum ricini.

26th, No rest again until morning; the febrile action was less vigourous the whole of this day; the oil given last night did not operate; gave him a dose of calomel and jalap, but this was rejected. Appeased the irritation of the stomach by small and repeated doses of a solution sal: marin: in gruel, which, as I have often experienced, more effectually answered the purpose than perhaps any other means that could have been adopted; had no stool the whole of this day; towards evening he sensibly revived, the pulse was tranquil and he felt stronger than since the commencement of the disease; this was a more marked intermission of suffering than had hitherto been noticeable; although a little attention to the foregoing account will evince that the malady, from its commencement, assumed more or less of a tertian type.

27th, passed the night with little disquietude. The cathartics he took yesterday began to operate early this morning; either from this, or from some unusual exertion of the offending cause, he was purged smartly, and in consequence the pulse was much reduced; gave him preparations of the cinchona freely. Towards evening the perturbation of the system was renewed, and the matter expectorated, which had never ceased to be in large quantity, was tinged with blood; the cough was pertinacious all the evening.

28th, some rest as usual towards morning, but the morbid distress was this day increasingly severe; the expectoration was more abundant than before, and still tinctured with blood.

29th, the febrile action was very little diminished the whole of this day; the matter expectorated increased in quantity, was thinner, and instead of a sanguinous, was of a brown appearance. He complained less of pain, but there was a more circumscribed spot, of which, on pressure, he complained more than before. This was some inches anterior to the costæ. We had now a more marked proof of adhesion than had hitherto solicited our attention, but still insufficient, in our opinion, to warrant an operation, especially in so advanced a stage of the disease.

30th, some sleep as usual towards morning, but also as usual, he awoke to renewed suffering. The sputation was again deeply coloured with florid blood, and in such quantity as to evidence great depredation in the seat of disease. In the evening, debility much increased and his pulse became very feeble.

From this time to the period of his death, nothing unusual occurred, except that on the third of November he expectorated, with the pus, a substance of a fleshy appearance as large as an almond. He expired on the sixth, the collection of pus, apparently in the thorax, and his incapacity to

evacuate it, seeming to effect strangulation, and thus terminate his existence.

I sincerely lament that we were not allowed to examine the body after death; such diseases seldom occur here. To have ascertained whether any adhesion had been formed, so as to have made an incision safe must have been an important acquisition. That an adhesion existed, when the seat of pain was, at the advanced period of the disease, more circumscribed, became sufficiently manifest, and that it was so situated, at the anterior part of the hepatic region, and clear of even the cartilages of the costæ, must have rendered an operation there perfectly safe. But repeated opportunities, both in the East and West Indies, of seeing issue given to the matter, when thus circumstanced, and unacquainted with any successful termination, I was deterred at such a state of the malady, from countenancing the measure.

I was afterwards informed by very respectable medical connections of the patient, that the disease is not unfrequent at Norfolk, Virginia, and is there termed "Hepatic pleurisy." The appellation is certainly characteristic of the symptoms that occurred in this disease, but these do not fully correspond with what authors describe concerning it.

The systoms adduced by Bianchi, in his historia hepatica, vol. 1, p. 235, are "an acute fever with a pulse rather hard, difficult breathing; bloody sputation; a deep seated pain in the inferior part of the thorax, on the right; a very florid colour of the right, much more than of the left cheek. An icterical appearance of the whole surface, particularly of the eyes and tongue, and of all the secretions, especially of the urine, which is of a deep yellow colour. There is an intense dryness of the tongue and fauces; a very bitter taste in the mouth, and an insatiable thirst. Bile is constantly perspicuous in the sputation, and mixed with blood. An obtuse

pain descends lower than the false ribs on the right side, a light pressure on which is complained of severely. Here a tumefaction is readily felt, occupying as much of the liver as in life, is subjected to examination, which is hard and circumscribed. There is in that part, an intense heat; a constant jactatio supervenes; and from the beginning, the thirst, the sense of heat, dryness of the fauces and arridity on the whole surface of the body are importunate."

The circumstances wherein our case differs from the above, is that the icterical appearances were not observeable until an advanced stage of the disorder; the seat of it was much higher up; no tumefaction was discernable; there was no difference of colour between the right and left cheek; both were very florid during the paroxysms. The intermissions with us were of short duration it is true, but sufficiently marked, and are not noticed by our author. The urine, as with him, was never of a deep yellow, but towards the close of a very red colour; in both the lateritious sediment, which he mentions elsewhere occurred, and was first discovered in our patient on the sixth day, although it might have happened earlier. It is certain that the blood in the sputation was not, in our case, discoverable until the fourteenth day. In every species of pleurisy, I have uniformly observed that an early appearance of blood in sputation, before matter was formed, proved a favourable omen, but if it were deferred until pus was manifested, the greatest danger might be apprehended. This is conformable to the Aphorism of Hippocrates 340 as cited by De Gorter in his medicina Hippocratica p. 806. "A sanguinis sputo purissputum, malum." This remark has been made by numerous authors, and may be received as one of the best established medical facts. Towards the close of the disease, nearly all the symptoms enumerated by Bianchi were conspicuous.

I feel unspeakable concern that I did not, when first called, clearly comprehend the nature of the disease. Copious depletion, and an energetic use of mercury, particularly the ointment, might have, perhaps, more effectually prevented the fatal catastrophe. But an insulated case, the smallness and softness of the pulse, and the absence of these pathognomonic symptoms which decidedly characterise hepatitis, were strong obstacles to the adoption of what would have certainly been the most appropriate practice, as circumstances proved when it was too late. The truth of this will not admit of a question; but when we consider the absence of the symptoms which would have proved a sure guide at the commencement of the disorder, when alone the treatment suggested could have been adviseable; that our patient was at a tavern, a stranger, and that the venesection we made did not accomplish much benefit; some consolation may be derived from these unpromising concomitants; indeed as the early symptoms were so anomalous, it is little to be wondered that such measures were not suggested either to my mind, or that of my colleague.

I have been always of opinion that a history of unsuccessful cases was more capable of enlightening the mind, and leading to a correction of errors, than of those which terminate favourably. They suggest more caution; they awaken more reflection, and they urge to a greater exertion of our own sagacity, and beget a disposition less to depend upon the "ipse dixit" of others. Histories of successful cases have too often at least as much of the honour of the writer in view, as of those which are unsuccessful, the advantage of the reader.

I am dear sir, with great regard,

Very sincerely, yours,

JOHN CRAWFORD.

To the Editor of the Medical and Physical Recorder.

DEAR SIR,

You will oblige me by giving the following an early insertion in your useful miscellany.

Frederick Siegfred Frede, the subject of the following report, a native of Prussia, sailed from Newcastle in England, on board the British brig Sylvan, Jonathan Ostle master, on the twenty sixth of August, eighteen hundred and five, bound to Baltimore. On the seventh day after they lost the land, the wind blowing very high, and the brig being in a heavy sea, Frederick was ordered with others of his shipmates to hand the maintopsail, having laid hold on the maintopsail sheet with his left hand, a sudden flaw filled the sail, and instantly backed it with such force, that he was obliged to hold on to save himself from being thrown from the yard. The exertion which this occasioned drew his arm upwards and backwards with great violence, and thereby threw the head of the *os humeri* completely under the *pectoral muscle*. The weather being uncommonly hard, and the winds adverse, the brig had a very tedious passage; twelve weeks had elapsed from the time she sailed from Newcastle before she made Cape Henry, and eleven from the day the accident occurred. During the passage Frederick continued unable to do duty, and after he arrived in port, two weeks had passed away, when his situation attracted the humane attention of their Danish and Swedish majesties consul, Mr. Collin. This gentleman equally remarkable for his humanity and the solicitude he manifests for the interests of the nations he represents, conducted the patient to my house and committed him to my care. He was a muscular, athletic man, about forty years old, but considerably emaciated by

the pain and anxiety of mind occasioned by his disaster. Having collected a history of the case from the captain of the brig and the patient, I made a partial examination of the parts concerned, but such was the inflammation and tumefaction of all the parts from the cubitus to the scapula, that itwas impossible to decide whether or not there was a dislocation, although from all the concomitant circumstances its existence was rendered very probable. The ordinary remedies for the subduction of inflammation were immediately prescribed and assiduously persevered in for two weeks. When the inflammation and swelling had so far subsided as to admit of a satisfactory examination, the real cause of all the patient's sufferings was so obvious that no time was to be lost in attempting (what I considered extremely problematical) a reduction. The ordinary modes of reducing a dislocated humerus were immediately employed, but as the inflammation of the parts interested had not entirely subsided, the sensibility of the parts rendered a sufficient extension impracticable. The patient was remanded to his lodgings, and enjoined to persevere in the use of the antiphlogistic regimen and remedies, and desired to return at the expiration of a week. He returned agreeably to appointment, and my efforts were repeated, but with the same result. Such was the rigidity of the muscles and I presume the strength of the newly formed adhesions, that they seemed to oppose an insuperable impediment to our views. After availing myself of the powers of three men, and using all the usual means that art had devised, I found I had gained nothing towards the completion of my object. In this situation I informed Mr. Collin that I knew of only one remedy that promised to aid us in the reduction, and by our joint persuasions we prevailed on the patient to submit to bloodletting *ad diliquium animi*. A vein was immediately opened, but upon reflecting on the quantity of blood, that it would proba-

bly be necessary to lose, he suddenly determined to abandon this proceeding and I was compelled to stop the blood, without having attempted a reduction of the bone. I now expressed a determination to relinquish my attentions, and proposed a consultation, with a view of impressing the necessity of immediately proceeding to the last resort, in so forlorn a case. Doctor Cocke was immediately called in, and after hearing the preceding history, concurred with me in opinion. The patient would not permit us to proceed to the operation, but procrastinated the time from day to day, till we lost nearly two weeks more, making in all, *seventeen weeks and three days* from the time he suffered the accident, till the day we adjusted the dislocated bone. Dr. Cocke and I had in this time repeated the ordinary means of reduction, and had remonstrated so strongly against the consequences that must attend him if the bone were permitted to remain in its then unnatural situation, that he determined to surrender himself entirely to our discretion, and the next day was appointed for the attempt.

Our patient having seriously contemplated the gloomy prospect that presented itself, and finding that unless we succeeded he was probably destined to linger out the remnant of a miserable existence, in a hospital or poor-house, assumed a degree of resolution that enabled him to sustain the horrors of his situation with manly fortitude. Having already been so often baffled in my efforts in this case, and almost ready to despair of success, I surrendered the management of the patient to Dr. Cocke, and acted under his direction. Our apparatus was very simple. A strong towel was tightly rolled up, and formed into a ring sufficiently large to embrace the clavicle and scapula; the arm being passed through this ring, was fixed in such a situation that its upper part rested upon the middle of the clavicle while the under part laid near the inferior angle of the sca-

pula ; one corner of a sheet was attached to the forepart of the ring and the diagonal corner to the opposite point behind. Napkins were used in the usual way of making extension. Our apparatus being ready, we deemed it prudent to make one more effort before we opened a vein. Having placed three men on each side, they were desired to make the distraction, which they did with great force, but with no other effect than an excruciating pain. The patient was now desired to stand erect, and a vein was immediately opened. The blood was permitted to flow till about three pounds had been drawn, when he fainted and sunk on the seat behind him ; this was the signal for the re-application of the extending forces. In the minute during which the syncope lasted Dr. Cocke placed his foot against the seat on which the patient was seated, and his knee under the axilla to elevate and direct the dislocated bone. The doctor added his strength to the powers already in action and the bone was restored to its natural situation with a loud crepitus occasioned no doubt by the rupture of the adhesions lately formed. From the length of time that had elapsed since the dislocation, and the noise that was audible by every person in the room, the adhesions must have been very strong to have required so powerful a force to lacerate them. The head of the bone had become so well accommodated to its new situation, that previous to the reduction the patient could lift a considerable weight, and move his arm backwards and forwards without pain. The muscles of the dislocated arm were considerably diminished in size and their power much impaired. He experienced a difficulty in extending the thumb and index, and nearly a month elapsed before the vigor of the parts was completely restored. Five weeks after the reduction, he sailed for Liverpool, and had two weeks before done his duty as an able bodied man in lading the ship and making other preparations for the voyage.

We are the more solicitous to preserve this case, because an opinion is almost universally entertained, that there is no possibility of reducing a bone at so late a period after its dislocation. Indeed it has been inculcated by many respectable surgeons, that no attempt should be made after a certain period, not more than half the time after which we have found it practicable to succeed. I cannot find an instance in the annals of the surgical art, where success has attended the efforts of the most eminent practitioners after the bone had been misplaced, nine, or even eight weeks, and the most dextrous and enterprizing of the present day have concurred in the presumed impracticability of such an operation. It is probable we are yet to learn how much the world is indebted to our countryman, Dr. Physick, for this admirable improvement. From the combination of unfortunate circumstances attending this case, it may be fairly presumed, that a dislocation under different circumstances might exist for a much longer time, and still the adhesions not have been so firmly formed. The situation, habits and the utter destitution of surgical assistance concurred in permitting the inflammation of the parts concerned to run the course of nature, and consequently to become more perfectly formed than they could have been had the proper remedies to arrest the progress of inflammation been used immediately after the accident. I indulge an expectation, that the fortunate issue of this case will encourage others not to consider every long protracted case of dislocation as beyond the reach of art, and that it will encourage them to endeavour to imitate our example.

Dear Sir,

Your obedient servant,

NATHANIEL POTTER.

Baltimore, September 28, 1808.

SELECTED.

An essay on the alternate motions of the Thorax and Lungs in Respiration, by Dr. George Martine, physician at St. Andrews, copied from the first volume of the Edinburgh Medical Essays and observations.

No complete theory of respiration has been yet sufficiently explained and fully established. After all the ingenious contemplations and experiments of philosophers *anent* the properties of the air; after all the most curious researches of anatomists, and the careful observations of physicians about the fabrick, uses and diseases of the parts concerned, there are still left many difficulties, which I am far from pretending to remove; much has been wrote, many have been the disputes about *the primary use of respiration*, about *the passage of the blood*, &c. But all these being laid aside at present, I shall only consider *the mechanism whereby in ordinary life expiration and inspiration succeed one another alternately.*

2. You will not be satisfied with Swammerdam's* telling you in general, that these muscles, which are not exactly ballanced by equally strong antagonists, must necessarily be contracted and relaxed by turns; as in the motions of the ventricles and auricles of the heart, of the respiratory muscles, of the antagonists of wounded or paralytick muscles, &c.

He does not offer at explaining the mechanism of the alternate contraction and relaxation of the muscles in such motions, which is the point in question; nor is it probable that all these very different motions are to be explained by any one uniform principle.

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* De Resp. p. 67. & Pos. Inaug. § 8, 9.

3. Nor will you think Borelli* has given a perfect solution of the problem, by saying, that after once respiration has begun, the animal, from the good it feels by it, is necessarily determined to continue the same all its life afterwards.

We allow the necessity of respiration; we know it serves for many noble purposes; but still we are at a loss to understand by what natural mechanism, expiration and inspiration necessarily continue to succeed one another by turns.

4. We cannot omit to remark, that the great Bellini thought himself master of this difficult question, as of almost every thing else relating to the nature and fabrick of animals. In the beginning of his *opus medicum de urinis*, &c. he lays down several very pretty physiological propositions; among which is this "†*contractis semel musculis pectoris, per totum vitæ spatium respiret animal necesse est, iidem scilicet musculi per universum illud tempus alterne restituantur & contrahantur.*" This he gives us, without any illustration or proof, and I fear we shall never hear more of that great man's thoughts on this subject. Nor does his friend, our worthy countryman Dr. Pitcairn, (who wrote his dissertation *de causis diversæ molis qua fluit sanguis per pulmones*, &c. chiefly to illustrate Bellini) supply this want, or at all answer our wishes or expectation. He tells‡ us, after Swammerdam, that muscles without antagonists, such as he conceives the inspiratory muscles to be, must necessarily be contracted and relaxed alternately; and that, by the alternate influx of the animal spirits through the nervesinto them, proceeding from the alternate compression of the brain, by the pulsation of its arteries.

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* De Mot. Anim 11, 117. †De Resp. § 18. ‡De Caus. div. mol. &c. § 16. El. Med. 1. 5. § 70.

But, laying aside those reasons which induce some* to think the natural motion of the liquor of the nerves to be very uniform; if Dr. Pitcairn's solution of the alternate dilatation and contraction of the thorax were true, I cannot see but that they should always correspond, and be isochronous to the pulses of the heart and arteries, which every body knows to be false in fact. Yea, though we should allow them in many cases to correspond in some measure, yet Dr. Harvey † has well observed, that the pulse and respiration do sometimes suffer changes of frequency, directly contrary to one another.

5. This consideration does likewise, I humbly think very much invalidate the way wherein the judicious and accurate Boerhaave chuseth to explain the alternate motions of respiration. He supposes‡ that at the end of inspiration, the lungs being stuffed with air, and every way compressed, the free passage of the blood towards the left ventricle of the heart, is somewhat obstructed; and consequently a smaller quantity is carried to the inspiratory muscles of the chest, and a weaker circulation towards the *cerebellum* and its nerves which are supposed to actuate these muscles; so that the inspiratory organs being weakened, expiration must of necessity succeed by the natural restitution of the *compages* of the *thorax* and *abdomen*; whence the blood, passing again more freely through the lungs to the left ventricle, will be more plentifully bestowed upon the cerebellum, and these inspiratory muscles, which then must of their own accord immediately dilate the cavity of the breast, or produce inspiration, which expiration does necessarily succeed, and so on.

But besides the dissonance of the motion of the heart and thorax just now mentioned, I believe it will be difficult to

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* Boerh. Instit. Med. § 288. † De Mot. Cord. Procem. p. 15.
‡ Instit. Med. § 619. 620.

persuade us that the diaphragm and intercostal muscles cease to contract for want of a sufficient store of blood furnished to the left ventricle of the heart, or for want of spirits furnished to the cerebellum and the vital nerves. Would not upon the same account, all the other muscles, whether voluntary or involuntary, and the brain itself, and all the nerves of sense and motion, alternately suffer some failure at the end of every inspiration, from the diminished quantity of blood supplied to the left ventricle, and thence to the rest of the body? Is not the beating of the heart and arteries equally full, equally strong, and equally frequent at all the different moments of respiration? which plainly shows, that in a sound state the heart never wants blood, nor the cerebellum spirits to furnish the organs that depend upon them: so that the inspirasory muscles, which are supposed to be vastly stronger than their antagonists, would always remain rigid and contracted, if there were not some other way provided to suspend alternately the cause of their contraction.

6. Seeing then these so very great men had made their attempts with so little success, I gave over thoughts of so much as an approach to any true and just account of a phœnomenon so obvious, but so difficult to be explained; until at length meditating upon the rise and singular course of the nerves of the diaphragm, I thought I could perceive a necessity of their being alternately compressed, and again set at liberty, so as to produce an alternate contraction and relaxation of that muscle.

Every body allows that it is the chief organ of ordinary and natural respiration, since from the swelling of the belly we find the enlargement of the cavity of the breast is more owing to the depression of the midriff, than to any remarkable change in the posture of the sternum and ribs. Now let us trace as far as we can, and admire the adorable wisdom and contrivance of our great Creator. He has not pro-

vided the midriff with nerves from the trunks nearest it, either from the *par vagum*, or that which is called intercostal, or the spinals of the thorax or loins next to it: no, he has brought nerves to it from afar, and conveyed them a long course through the cavity of the breast: for the phrenicks, though they should not be allowed in all subjects to be made up precisely of the same twigs, yet anatomists have always found their chief origin from the middle cervical nerves. And I think we need not mind *Vieussens's** small filaments from the intercostal or first lumbars; or *Columbus's*† from the last thoracick given to the diaphragm. Much less are we to regard any branches of the eighth pair said to be distributed to it by some of the ancients; since Galen‡ assures us it has not the least twig from thence. Why then has nature been so solicitous in giving the principal diaphragmatic nerves such a farfetch'd origine, and carrying them such a long course? If you shall once perceive her design in this, I am hopeful you shall with pleasure comprehend the alternate motion of respiration, as far at least as it depends upon the motion of the diaphragm.

7. First then we are to conceive the external air gravitating equally *undequaque*, by its weight and fluidity; and therefore pressing upon the hollow surface of all the pulmonary vesicles, and consequently upon the membrane investing the lungs, and inclosing all these vesicles: by the mediation of this coat of the lungs, that pressure of the air should be propagated to the membrane lining the thorax, which we commonly call the pleura. But now at the end of expiration, the thorax being collapsed, consider the natural contractility of all the membranes and fibres of animals, but especially consider the reticulated work of muscular fibres

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* Neurgor. T. xxiii. 58. T. xxviii. 1. † De re Anat. viii 8. ‡ Diss. Nerv. x.

surrounding the lungs, and every way pervading and strengthening their substance*. Consider these circumstances, I say, and you will straight-way conceive how the contractile pulmonary membranes and fibres will by their re-action, in some measure support the action or pressure of the inflating air; which therefore cannot press with its whole force upon the pleura; but the phrenick nerves run along the pericardium, covered very slightly by the pleura or mediastinum: so that in this supposed moment of time, at the end of expiration, the pressure of the air upon these nerves, must be less than upon the other parts of the body, to which the compressing force of the surrounding atmosphere has a freer and less interrupted access. Whence the liquor of the nerves, or whatever influence is communicated by them, must find a more free and easy passage to the midriff; whereby that muscle begins immediately to contract itself; and by the enlargement of the thorax, inspiration commenceth. During the course of which, these nerves continue rather freer from compression, by the inflation of the lungs stretching more and more the contractile pulmonary fibres, which therefore do more and more support the pressure of the atmosphere.

8. So then, after expiration, we find inspiration must necessarily succeed; which will continue until the thorax shall have acquired its ordinary enlargement, by the natural and ordinary depression of the Diaphragm. Then indeed the inspired air, being rarified by the heat of the breast, and not finding a free enough exit by the narrow slit of the glottis, will press every way the containing vesicles and membranes of the lungs. Which pressure therefore will be forcibly propagated to the containing pleura, and to the

* Malpighi in Phil. Trans. 71. Abr. 11. p. 818. & Virposth. p. 9.

phrenick nerves. Hence then the influence must cease, and the diaphragm be relaxed; and so from a mechanical necessity, exspiration must succeed by the spontaneous restitution of the overstretched peritonæum, and abdominal muscles: for these compressing their contained viscera, must push the midriff into the thorax, and so compress and squeeze the lungs much more forcibly than if they were left alone, to their own natural contractility. Thus then the pressure of the lungs upon the circumambient pleura and phrenick nerves, must subsist all the time of exspiration, until at its end every thing come to that state of æquilibrium we first proposed; wherein the contractility of the lungs bearing off some small part of the pressure of the atmosphere from the pleura, the spirits find a free passage through the phrenick nerves, the diaphragm is contracted, and the air inspired; which very soon comes to be expelled in the manner just now expressed. May it not then be allowed that we have explained the mechanical necessity of the alternate dilatation and compression of the lungs, as far as they depend on the motion of the midriff? Since that muscle being alternately contracted and relaxed, inspiration and exspiration must always successively follow one another.

9. But since, besides the action of the midriff, the figure and capacity of the thorax suffers a considerable change in respiration, by the contraction chiefly of the intercostal muscles, and that especially in women; the next step should be to consider the condition of the nerves belonging to those muscles; whereby, from an alternate compression, or some such mechanism, the muscles may suffer an alternate contraction and relaxation.

In the common account of both internal and external intercostals conspiring to dilate the thorax and to produce inspiration, it were very easy to say that the difference of the pressure of the lungs upon the back part of the pleura, and

consequently upon the spinal nerves running behind it that furnish spirits to the intercostal muscles, is sufficient to our purpose, in the manner we have explained the action of the phrenicks. But, besides the doubts I have a long time entertained about the action and use of the internal intercostals I am afraid you will tell me, that the thoracick spinal nerves, even before they be received between the double row of intercostal muscles, are so well defended by the tense and firm pleura covering them at the side of the spine, that the variety of the pressure of the lungs must have much less influence on them, than upon the phrenicks; for they, in their course along the pericardium, are but very slenderly guarded; and must therefore too be much more liable to such differences of compression, than the other nerves passing through the thorax and influencing the heart and other viscera equally in both states of respiration.

And this puts me in mind of something, which though not directly belonging to our present subject, is worth observing in few words; and that is, that* the intercostal and eighth pair of nerves, not only pass through the thorax, but pierce the fleshy part of the Midriff. Whence you will be ready to conclude (as was hinted by Morgagni †) That their influence on the abdominal viscera should not be constantly uniform, but frequently pushed on, and interrupted by turns. And indeed this is very much countenanced by the wave-like peristaltick motions of the stomach and guts, which would seem to argue the action of their nerves to be promoted and obstructed alternately.

But though the alternate action of the intercostal muscles may not be so satisfactorily explained in the manner above mentioned, I do not despair of our coming to a better un-

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* Vieus. Neurog. iii. 4. p. 183, 186. iii. 5. p. 194. 198.
† Advers. Anat. V. 12. p. 17.

derstanding of it, if we were perfectly acquainted with every minute circumstance relating to the structure of these muscles, and of the blood vessels and nerves belonging to them; which therefore I would earnestly recommend to those curious and subtle dissectors, who have both skill and opportunity to penetrate into the inmost recesses of the human body, that some time or other we may become fully masters of so elegant a problem.

COROLARY.

Of the beginning of Respiration in born Animals.

The illustrious Harvey proposed this problem* "*Cur fœtus in utero, non respirans aerem, usque ad mensem decimum, ob defectum respirationis non suffocatur? cum natus in septimo vel octavo, quamprimum aerem inspirat, inhibita postmodum respiratione ob defectum aeris suffocatur, &c.*" Many solutions have been offered by physiological writers, drawn from their different Hypotheses of respiration, the justness whereof it is not our business at all to examine: It is more to the purpose to propose and endeavour at a solution of another problem something a-kin to it; which either has not been well minded, or not well understood hitherto, viz. *Why a* Fœtus *in the time of Gestation never dilates its* Thorax, *nor at any time before the birth performs, even slowly, the motions of inspiration and exspiration successively?* Since the common hypothesis, the inspiratory muscles having no antagonists, or but weak ones, there is nothing to hinder the dilatation of the thorax, and the reception of the liquor of the *Amnios* into the lungs; which therefore should be alternately received and expelled, as the air is in born an-

* Exerc. II. ad Riolan. p. 101, &c. de Gen. Anim. p. 263.

imals, if there were forces sufficient to carry on these motions.

This matter is easily cleared up from the preceding doctrine of alternate respiration; let us suppose, according to the old opinion (which some particular considerations seem much to favour) that the two orders of intercostal muscles antagonize one another; and we may easily allow, that in Gestation, while the Fœtus continues enveloped in the *Secundines*, and immersed in the *Colliquamentum Amnii*, the phrenick nerves are too much compressed to allow a free passage of the spirits to the diaphragm. But as soon as the animal comes to light, and enjoys the external air from any the least motion of the breast (and in every birth many such motions there are) the phrenick nerves which were formerly compressed by the lungs, &c. come now to have a part of that pressure taken off, in the manner we have formerly explained; so that they, being now at more freedom, will contract the midriff; which being once set agoing, will for ever suffer an alternate contraction and relaxation, while the animal continues in life and Health.

An Ulcer in the Lungs, piercing through the Diaphragm into the liver, by Dr. Edward Barry, physician at Cork, in Ireland, copied from the same.

At the Desire of Mr. *Moore* surgeon to colonel *Groves's* regiment, I visited one of his men, who ten weeks before had been seized with a *peripneumony*, attended with a pain in the lower part of his right side, that never was acute, but terminated in an abscess, and soon after broke. The pus which he expectorated when I saw him was very fetid; and by laying on the opposite side was discharged in a greater quantity. His body was much emaciated by frequent colliquative dejections, attended with a perpetual *Nausea*. As he thus appeared to be in the last stage of the distemper, it was in vain to propose any method of cure.

About a fortnight afterwards I was present at opening his body, with several other physicians and surgeons.

We found a strong adhesion of his lungs to the Pleura, where he had a frequent pain, and to the diaphraghm. Examining into the purulent cavity which lay immediately under the surface of the adhering part, we found it contiued through the diaphragm about an inch deep into the gibbous part of the liver, which closely adhered to the dia-

phragm. The length of this sinus was about six inches, and its diameter in the liver was about three, but more narrow in the lungs. The rest of the lobe of the lungs was entirely sound.

MEDICAL AND PHILOSOPHICAL

REGISTER.

Remarks on the Purulent Ophthalmia—by James Ware, Surgeon, F. R. S.—extracted from the London Medical Review for August, 1808.

The disease which is the subject of this pamphlet is very similar to the purulent eye of children, and from the great effusion of pus which attends the complaint, is denominated by our author the purulent ophthalmia. We extract the description of the symptoms.'

" In adult persons the violence of the inflammation that accompanies the discharge, is extremely different. In some the appearance of the eye varies little from that which it assumes in those cases of the ophthalmia that are produced by a common cold ; but in the greater number the tunica conjunctiva, that covers both the inside of the eyelid and the globe of the eye, not only becomes universally red, but quickly swells to a considerable thickness ; its membraneous appearance being destroyed, and its projection causing the cornea to appear depressed and sunk in the globe. The swelling of that part of the conjunctiva which lines the inside of the eyelid, is sometimes so considerable, that it protrudes beyond the lid to a considerable extent, and entirely conceals the eye.

" In some the pain produced by the inflammation, resembles that of dust between the eye and the eyelid ; in others it is accompanied with a sense of heat and weight ; in others there is a deep seated intense pain in the ball of the eye ; and in not a few the pain in the eye is accompanied with a distressing pain either in the whole or some particular part of the head. The pain is not in proportion to the quantity of discharge ; since, when the latter has been profuse, I have, in some instances, observed that the former has been far from considerable."

'The purulent is very similar to the gonorrhœal ophthalmia. The purulent eye most commonly occurs in the children of those women who have had an acrimonious discharge from the vagina at the time of delivery ; and the purulent ophthalmia of adults is very generally found connected with some gonorrhœal affection. In public schools the disease obviously spreads in consequence of the indiscriminate use of basons and towels among the children. Hence Mr. Ware believes that the purulent ophthalmia arises from the direct application of some poisonous matter to the eye.

This disease is to be distinguished from the venereal ophthalmia by attending to the symptoms of both : those of the former have already been detailed. The latter is marked by great aggravation of pain during the night ; by the internal parts of the eye being much affected ; by the pupil being contracted and little moveable, and by the iris being green, and sometimes having small pustules on its surface. In the purulent ophthalmia the cornea and tunica conjunctiva are chiefly affected.

The erysipelatous inflammation of the eye, from which it must also be distinguished, is chiefly marked by general tumefaction of the eye-lids ; by watery discharges from the eyes sometimes mixed with a *small* quantity of pus-like matter which seems to be formed by the ciliary glands, and not as in purulent ophthalmia by the tunica conjunctiva ; by a greater impatience of light ; and a more extensive spreading of the

inflammation over the face, sometimes affecting other parts of the body.

'When the purulent ophthalmia is attended by very violent symptoms, the common evacuating remedies often fail to impede its progress; general blood-letting from sixteen to sixty ounces has been used with great success in the army. Mr. Ware, however, recommends it to be used in a less degree, and when the disease occurs in debilitated persons (which is not rarely the case,) he prefers opening the vein on the side of the nose, or the application of leeches to the temples, or the scarification of the inner surface of the eye-lids.'

"This last operation is easy to be performed; and, if it be done well, it gives very little pain, and will not be followed by any irritation of the eye. The lancet which is used should be in the best order, and should be carried along the inside of the lower lid, parallel to its edge, and not far distant from it. The advantage of scarifying the lid near its edge, in preference to performing the operation either on the ball of the eye, or further back upon the lid, is derived from the superior tension which the tunica conjunctiva has in this part, in consequence of the cartilage that lies behind it; and if the operation be performed here, and, as is above recommended, with a sharp lancet, thirty or forty drops, and sometimes a larger quantity, of blood may be taken away with almost immediate advantage. I beg leave, however, to offer a caution against a mode of scarifying, which has sometimes been adopted in these cases, by pricking the eye-lid, ten, twenty, or thirty times in quick succession; a mode which, besides the pain it occasions, is liable to increase the irritation, and, to say the least, is certainly unnecessary. The lancet need never be applied more than twice, and rarely more than once; and perhaps it will give less pain, if the incision be made by drawing the edge of the instrument along the inflamed membrane, from the point towards the handle, instead of using the direct point for this purpose. The issue of the blood from the orifices, may be assisted by gently everting the lid

with the end of the finger; and it is more useful to take off the finger occasionally, and then to apply it again, and thus renew the eversion, than to continue the finger steadily on the lid. Some apply warm water, as is done after the application of leeches, in order to promote the bleeding, but it does not appear to me to be of much use for this purpose."

'After bleeding, a large blister should be applied to the head or back; anodynes should be exhibited according to the degree of pain; the bowels should be kept open, and the antiphlogistic regimen strictly observed.

'A remedy, however, on which Mr. Ware lays great stress, is the aqua camphorata of Bates; which in his former publications he has recommended so strongly, and, we may add, so justly, in the purulent eye of infants. The following is the formula which he uses;

℞. Cupri Vitriolati,
Boli Armenii, aa gr. viij.
Camphoræ, gr. ij.
Misce et affunde.
Aquæ Bullientis ℥ viij.

'This lotion is directed to be injected by means of a blunt syringe, inserted between the eye-lids; by this means the purulent matter, which forms with great rapidity, is effectually washed from the whole surface of the eye-lids. Mr. Ware sometimes uses it twice, and rarely less than once in an hour, diminishing its strength and frequency with the diminution of the symptoms. When, however, the pain of the eye and the inflammation of the tunica conjunctiva are great, he recommends it to be used weaker, to be made lukewarm, and to be injected less frequently. Sometimes it may be alternated with tepid water, and conjoined with anodyne fomentations.

'Another peculiarity of practice to which Mr. Ware wishes to call the public attention, relates to the treatment of those cases where the bursting of the cornea is threatened. When the cornea is ruptured spontaneously, the inflammation sud-

denly subsides. Our author takes the hint, and applies it to practice. When the rupture of the cornea is inevitable, the only question is, shall the opening be made by Nature or by the surgeon? The former will make it clumsily, and in such part of the cornea as afterwards to impede the passage of light; the latter may make it in such a situation that no impediment of this kind shall arise. Mr. Ware, therefore, recommends puncturing the cornea in those cases in which it would otherwise burst. This is discoverable by the cornea losing its transparency, and a white rim forming around its circumference.'

"The puncture may be made with great safety by a careful person with a common lancet; or, which perhaps is preferable to either of the two, with a sharp pointed couching needle, having a blade somewhat wider than this instrument usually has, and a groove in its middle continued all the way from the handle to the point. The only direction necessary to be observed in performing the operation, is to introduce the point of the instrument about the tenth part of an inch anterior to the connexion of the cornea with the sclerotica, and to push it gently forward, parallel to the plane of the iris, until the aqueous humour makes its escape. If the grooved couching needle be employed, its evacuation necessarily takes place as soon as the groove penetrates into the anterior chamber; but if a cataract-knife or a lancet be used, and these possess the shape of a wedge (which in the former instrument is peculiarly desirable) it may be necessary to turn the blade a little on its axis after it has been introduced, in order to give the aqueous humour an opportunity of escaping; and when this has been accomplished, the instrument should immediately be withdrawn, to avoid wounding the iris."

BEDDOES ON THE ABUSES IN MEDICINE.

[If the law were made general and absolute, that Medical Students should pursue the plan laid down by Dr. Beddoes in his Letter to Sir Joseph Banks on the abuses in Medicine:

one advantage at least would be gained, and from that one perhaps others might result which would ultimately render material benefit to society—the *number* of physicians would unquestionably be greatly diminished ; but, ask the London Medical Reviewers, (who are, most assuredly, not Edinburgh graduates) " is it more desirable to have a few perfectly educated *gentlemen*, who, under the title of Physicians, shall practise in the *principal* parts of the island, (and most assuredly no where else,) than to permit a number of needy Scotchmen, (adventurers) &c. &c. to settle in parts of England *where men more expensively educated would never consent to reside?*" Why will they not consent to reside in such places? Because say they, those who have spent some thousands upon their education, will never consent to settle where there is no chance of obtaining more than a bare maintenance. " It may seem a singular statement, but it is nevertheless a true one, that it would be by no means desirable to adopt any regulation which would considerably diminish the number of Medical men in the country. Every city in the kingdom (these remarks apply equally well, if they apply at all, to every country or kingdom) is over-stocked with physicians, but were this not the case, the smaller towns would be left destitute of any thing like well educated practitioners; and were it not for the *overflowings of Scotland*, our army and navy, our East and West-India possessions would be deprived of medical assistance. It is not to be expected that a man *who could afford* to pass six years at an university, will consent to settle in a place where he could never hope to make more than three hundred pounds a year. Yet there are many situations both in England and in Scotland, where an Edinburgh or Glasgow graduate will be satisfied to reside with no brighter prospects; and where, though not qualified to teach the healing art, he may yet save many valuable lives which would otherwise be lost." In answer to these objections, which are the principal ones urged against the increased expense attending Dr. Beddoes' proposed plan of educa-

tion, it may be asked, would not the diminution of the present number of practitioners increase the means of emolument to those that remained? Let us suppose, for example, that there are now in London two thousand Medical practitioners, and that they receive the aggregate sum of four hundred thousand pounds. Now by removing one thousand of these, unless we suppose that a diminution of the number of those who practise will bring after it a diminution of those to be practised on, it is clear that the profits would be collectively doubled to the remaining thousand, and as the general adoption of Dr. B's system would equalize the pretensions to publick favour, the enormous income of some would be lessened, while that of others would be encreased in a proportion fully adequate to the additional expense of education. Villages which now furnish only a bare maintenance to three or four physicians, would give independence to one or two; and surely the zeal for Medical science will be greatly increased when the competitors are few and well educated.]

'Dr. Beddoes proposes that the medical student should employ six years at different universities, or schools of physic, in the following manner:'

"First year. *Dissection, anatomical lectures, reading, drawing and comparison of anatomical engravings with the objects in nature* For relaxation, as much as for instruction, *a course of chemistry and elementary reading*:—this for winter. In spring and summer, *a course of comparative anatomy, dissection of animals, botany and physiological reading*. till the winter of the

"Second year. *Anatomy exactly as before, attendance on clinical lectures in surgrey*; if none are given, *close study of surgical cases, particularly of surgical accidents at first; morbid anatomy practically*, by every opportunity from this time forward. In spring, summer, and autumn, *practical chemistry, pharmacy, botany, materia medica.*

Third year. In winter—*anatomy and surgery* still; but external diseases now more than accidents. Spring, summer,

and autumn—*Midwifery, medical jurisprudence, comparative anatomy, physiology,* and the other before-mentioned pursuits occasionally.

"FOURTH YEAR. *Anatomy to be kept up, lectures on the practice of medicine, clinical lectures. Observation of medical cases, and practical reading,* to be a chief occupation through this year. The student may pass it at Edinburgh, at least from October to July.

"FIFTH AND SIXTH YEARS. *Close attendance on hospitals, with practical reading and lectures,* at Paris and Vienna, if accessible, otherwise in London. During the autumn of this or the preceding year, some time, if possible, to be employed in attending military hospitals, especially in the field.

"During the summers, *oral instruction, as it best offers, in other branches of natural history besides botany, in natural philosophy, and in the speculative sciences,* if in these last any lectures should promise more than books. From one or the other, *the acquisition of as many facts as possible concerning the mental operations,* should be considered as an essential part of the stock of the knowledge necessary to the physician."

'On the subject of quackery, some interesting remarks occur, and the following story introduced to prove the existence of this art among regularly bred practitioners is worth extracting.

"One of the princesses being taken ill, and Dr. Gisborne in attendance, her royal highness inquired of the doctor if she might not indulge in the use of a little ice cream, as she thought it would greatly refresh her. Dr. G. who never contradicted his royal patients, answered that he '*entirely agreed with her royal highness*;' and the ice was accordingly provided. His majesty visiting the chamber and observing the glass with some of the ice still remaining in it, seemed alarmed, on the supposition that it might be improper; but her royal highness assured him that she had the doctor's

permission for what she had done. His Majesty ordered the doctor into his presence, and observing to him that he had never heard of ice being recommended in such cases before, expressed his apprehension that it was some new system. The doctor seemed at first a little confounded, but quickly recovering himself, replied, '*Oh no, please your Majesty, it may be allowed, provided it be taken warm.*' '*Oh well, well, doctor, very well, very well, warm ice, warm ice.* His Majesty seemed to be much entertained, and for some time afterwards always took the opportunity of asking those he was accustomed to meet, whether they had heard of Dr. G's new system of prescribing warm ice."

Recipe for the Bite of a Mad Dog.

[In a letter from Delabere P. Blaine, Veterinary Surgeon, to the editors of the Medical and Chirurgical Review, there are several apparently well attested cases of the efficacy of the following recipe, in preventing the distressing consequences which result from the bite of a mad dog. The remedy is in itself harmless, and while it need not preclude the more common practice of incision or the cautery, it may add to the chance of recovery which these hold out.]

" *A Copy of the original Recipe of John Webb, for the Bite of a Mad Dog, given by a Lady to his Grandmother* 150 *Years since, or upwards; given at Tring, Herts; taken from the Original by James Webb, Son of the above John Webb, deceased:*

" Take of the leaf and tender bud of rue half a large teacupful, when cut quite small, the cup to hold about a quarter of a pint, beer measure; take the same quantity of large box, or tree-box, also cut this small; add nine leaves of red sage, cut small; let them be without blemish. Take half a pint of new wheat-meal from the mill, or good fine flour, and about one table-spoonful of yeast; mix it together as dough; let it lay about half an hour, then bake or

broil it; take one third of it in new milk each morning. This quantity for a man or woman; the same quantity for a sheep, hog, or dog: but for a cow or a horse, take one large tea-cupful of rue, cut small, and the same quantity of box, but only nine leaves of sage; give this in milk or some other liquid. Half this quantity will do of the rue and box for a colt or calf; but nine leaves of the sage. My father has cured some men when mad: then he took one tea-cupful of rue and one of box, and nine leaves of sage; boil it well in a pint of milk, and give it as quick as possible. Half this quantity of rue and box for a small child; but in all cases, no more or less than nine leaves of sage.—After about thirty-eight years experience with my father, and the use of the receipt,—this I pledge on word and oath."

(Signed)

"*Feb. 25*, 1807. "JAMES WEBB."

Singular Cure for the Gout.

M. *Cadet-Devaux*, in his *Journal d'Economie rurale*, mentions the following as a fact:

"A lady, above eighty years of age, whom I have the honour of knowing intimately, was attacked with rheumatic-gout thirty years ago. It seized the whole body; her pains were excessive; and, during six weeks, the efforts of art to relieve her were ineffectual; when a friend of the lady mentioned the cure of a similar disorder, by drinking enormous quantities of hot water, to the amount of forty-eight glasses in the space of twelve hours. The severity of the pains the lady suffered, determined her to make the experiment, and she set about taking every quarter of an hour a cup containing seven or eight ounces of *hot* water (not *warm*, as this occasions vomiting, an effect that is not required.) Thirty glasses were found sufficient to remove the pains, as it were by enchantment; she then stopped and fell into a profound sleep, which she had not enjoyed for a

long time before. Nothing of the disorder remained, except a sense of weight in one arm; but dreading a relapse, she determined, after a fortnight, to repeat the operation, and carried it on this occasion to forty glasses, when hunger and a desire to sleep put a stop to the experiment. From this time the cure was complete.

"About fifteen years afterwards, the same lady, then sixty-five years old, had a new attack of her former disease, with an entire loss of the use of her limbs; she had recourse to her former remedy of hot water, and with the same success as before. From that time she has had no return of the disease, and at present enjoys a good state of health."

Med. & Chir. Rev.

Case of Cephallagia; with the Dissection; by M. Salmade, D. M. P. of Paris.

An officer in the army, had from his childhood been subject to frequent attacks of periodical headach, which often lasted twenty-four hours, and were generally preceded and accompanied with vomiting. He had served in various climates, and had suffered an attack of the yellow fever in the West Indies. For several months before his death, the symptoms increased in severity. He generally had a return of the headach and a vomiting every morning, which lasted for several hours. The pain occupied principally the left side of the head, the temple, eyebrow, and bottom of the orbit, stretching from thence to the occiput: the eye was tender, and watered much during the paroxysm. The patient felt some relief from strongly compressing the head.

The attacks, after a time, became more frequent. Light was intolerable to him, and he saw objects dimly with the left eye. There was also some difficulty in hearing, especially when leaning forward. The slightest noise was insupportable to him. He had a constant inclination to sleep,

without being able to satisfy it. To these symptoms were added some degree of alienation of mind, confusion of ideas, and difficulty of articulation. Throughout the whole he was free from fever. Convulsive movements at length took place, and were speedily followed by dissolution.

It is useless to enumerate the remedies employed in this case, for they all proved unsuccessful. Suffice it to say, that every probable means were tried, with none but temporary advantages. Upon opening the head, the following appearances were observed.

The vessels of the brain and sinuses were as full of blood as if they had been injected. The substance of the brain around the left ventricle was depressed, and softer than natural; indeed the whole hemisphere on this side was less firm than on the right. The right ventricle was empty; but the left contained about four ounces of lymph. The choroid plexus was studded with small hydatid-like bodies. Towards the posterior part of the ventricle, a tumour was found in the substance of the posterior lobe of the brain, extending from the ventricle to the part of the dura mater which corresponds with the lambdoidal suture on the same side. Its figure was that of an irregular square; its longitudinal and transverse diameters about seven inches. This tumour, which weighed about seven ounces, was formed of two membranes, the external of which was thick and dense; the internal soft, thin, and somewhat like concreted albumen. It contained within its cavity a yellow semi-fluid matter, like the contents of the *meliceris*. Upon opening the left ventricle, a fetid odour exhaled, like that of the sweat of the feet.

The existence of this tumour sufficiently explains the symptoms of the disease. The compression which it made upon the different points of the nervous symptom must have affected the acoustic and optic nerves, and consequently the senses of hearing and seeing. It would probably at length come to act upon the origin of the eighth pair of nerves, the manner of distribution of which accounts for the various

phenomena which presented themselves, and particularly the affection of the stomach. *Ibid.*

Trotter on Nervous Temperament.

[Among all the wild and extravagant theories of the physicians, philosophers or politicians of the present age, we do not recollect to have met with one more decidedly entitled to preeminence of absurdity than the following:—It would be unfair to add to the severe lampooning which the Dr. has already received from his countrymen, the London Medical Reviewers, and our limits will not permit us to copy what they say; we therefore confine ourselves to the extract which has deservedly called forth their censure, and which cannot fail, if it should ever meet his eye, to stimulate the French Emperor to a renewal of his exertions for the invasion of England, that land of "stockbrokers and hypochondriacs.]

"As we analyze the manners of society, and scrutinize those causes which lead to the diseases of which we treat, we observe their operation and influence to be very general, and daily increasing. Commercial Britain, enriched by manufacture and colonial wealth, when compared with her barbarous state, does not exhibit a nobler spirit of independence, or show more fortitude in opposing French invasion, than what was done nineteen hundred years ago by our forefathers, in repelling the Roman legions. Our invaders were then obliged to build strong walls and ramparts to shelter them from the Britons; but modern Britons have erected Martello towers, projected the inundation of Essex, and hoarded up the current gold coin, as tokens of being afraid of the French. These alarms are to be considered as so many symptoms of a nervous temperament appearing in our national character. Britain had no ships to oppose the landing of Julius Cæsar; but at this moment she has a navy capable of fighting the whole fleets of Europe united; yet she trembles at a flotilla of cock-boats. It is that puddle of corruption,

the Stock Exchange; that Delphi of Plutus, where stock-brokers pay their vows, and expound prophecies, that has filled the nation with degenerate fears, apprehensions and hypochondriacism. Europe has been saved by the British navy from the fangs of French tyranny; yet shameful to be told, after the fleets of the French have been annihilated, we are now to be assailed by three thousand wherries, manned with *blue devils!*

"If I am altogether correct in saying, the *nervous temperament* is hereditary, and therefore the diseases which depend upon it, liable to be extended to the offspring, they must multiply in prodigious proportion. They appear in the present age to have acquired that growth, which nothing but a general revolution in all ranks of society can check. I may be told, that these diseases are not very dangerous, and very seldom produce death; and it may be added, the bills of mortality do not justify my conclusions. The arguments are easily answered. It is true, death is seldom put down to nervous disorders; but if constant pain, mental disquietude, and apprehension of dying, are to be considered as evils in this stage of existence, then are nervous afflictions to be held as the chief cause of them. And it is to be remembered, that the most frightful part of the catalogue of diseases, such as apoplexy, palsy, madness, melancholy, epilepsy, convulsions, cholic, iliac passion, atrophy and dropsy, are often ushered in by nervous affection, before they assume their own character and shape. Physical strength of body cannot be long preserved under enervating modes of living: the stature and the mind must both diminish and degenerate. The poet says, *fortes creantur fortibus et bonis*; and very aptly adds,

——— nec imbellem feroces,
Progenerant aquilæ columbam. Hor.

"An eminent senator, Sir John Sinclair, has lately made some noble attempts to regenerate the physical strength of the country, by recalling mankind to agricultural life. His institution of a society for that purpose under the authority

of parliament, has already had considerable effect. Many noblemen and gentlemen, of great landed property, have seconded these patriotic views, and turned their attention to this national object; a spirit of improvement has appeared in every country, and is daily increasing. No man who possesses the smallest spark of love for his country, but must wish full success to the undertaking. No truth in political economy is better proved, than that a nation of sedentary people, can never be a nation of heroes. We might indeed preserve all our manufacturing establishments, and most of the fine arts, during the degeneracy of physical courage: but could an army of man milliners defend the British islands against the ruffians of Bonaparte? The puny inhabitants of Italy and Indostan, are finer spinners of silk and cotton than Englishmen, because they are strangers to all masculine virtues. Let us therefore beware how we extol too much the effeminate labours of the spindle and the loom. A commercial people merely, can never be an independent nation. They owe to foreigners the consumption of their manufactures; and when these chuse to do without them, or to buy them elsewhere, such people must become bankrupts in finance. The glory and security of the United Kingdom, must be to blend these pursuits, agriculture and commerce, in the national character." *Lon. Med. Rev.*

[The following account of a Volcanic Eruption is given in a letter from John B. Dabney, American Consul for Fayal and the other Azores, to a friend at St. Michaels.]

A phenomenon has occurred here, not unusual in former ages, but of which there has been no example of late years, it was well calculated to inspire terror, and has been attended with the destruction of lives and property. On Sunday the 1st May, at 1. P. M. walking in the balcony of my house, at St. Antonio, I heard noises like the report of heavy cannon at a distance, and concluded there was some sea engagement in the vicinity of the island. But soon after,

casting my eye towards the island of St. George, ten leagues distant, I perceived a dense column of smoke rising to an immense height; it was soon judged that a volcano had burst out, about the centre of the island, and this was rendered certain when night came on, the fire exhibiting an awful appearance. Being desirous of viewing this wonderful exertion of nature, I embarked on the third day of May, accompanied by the British consul, and ten other gentlemen, for St. George; we ran over in five hours, and arrived at Vellas, the principal town, at 11 A. M. We found the poor inhabitants perfectly panick struck, and wholly given up to religious ceremonies, and devotion. We learned that the fire of the first of May had broken out in a ditch, in the midst of fertile pastures 3 leagues S. E. of Vellas, and had immediately formed a crater, in size about twenty four acres. In two days it had thrown out cinders or small pumice stones, that a strong N. E. wind had propelled southerly, and which independent of the mass accumulated round the crater, had covered the earth from one foot to four feet in depth, half a league in width, and three in length; then passing the channel 5 leagues, had done some injury to the least point of Pico. The fire of this large crater had nearly subsided but in the evening preceding our arrival, another small crater had opened, a league north of the large one, and only two leagues from Vellas. After taking some refreshment, we visited the second crater, the sulphureous smoke of which driven southerly, rendered it impracticable to attempt to approach the large one. When we came within a mile of the crater, we found the earth rent in every direction; and as we approached nearer, some of the chasms were six feet wide. By leaping over some of these chasms, and making windings to avoid the large ones, we at length arrived within two hundred yards of the spot; and saw it in the middle of a pasture, distinctly at intervals, when the thick smoke which swept the earth, lighted up a little.

The mouth of it was only about fifteen yards in circumference; the fire seemed struggling for vent; the force with

which a pale blue flame issued forth, resembled a powerful steam engine, multiplied an hundred fold; the noise was deafening; the earth where we stood had a tremulous motion, the whole island seemed convulsed, horrid blowings were occasionally heard from the bowels of the earth, and earthquakes were frequent. After remaining here about ten minutes we returned to town; the inhabitants had mostly quitted their houses, and remained in the open air, or under tents. We passed the night at Vellas, and the next morning went by water to Ursalina, a small sea port town, two leagues south of Vellas, and viewed that part of the country covered with the cinders before mentioned, and which has turned the most valuable vineyard in the island into a frightful desart. On the same day the 4th of May, we ventured to Fayal, and on the 5th, and succeeding days, from twelve to fifteen volcanoes broke out in the fields we had traversed on the 3d, from the chasms before described, and threw out a quantity of lava which travelled on slowly towards Vellas—The fire of those small craters subsided, and the lava ceased running about the 11th of May; on which day, the large volcano that had laid dormant for nine days, burst forth again like a roaring lion, with horrid belchings, distinctly heard at twelve leagues distance, throwing up prodigious large stones, and an immense quantity of lava, illuminating at night the whole island. This continued with tremendous force until the 5th of June, exhibiting the awful, yet magnificent spectacle of a perfect river of fire, distinctly seen from Fayal, running into the sea. On that day, the 5th, we experienced that its force began to fail; and in a few days after it ceased entirely.—The distance of the crater from the sea is about four miles, and its elevation about three thousand five hundred feet. The lava inundated and swept away the town of Ursalina, and country houses and cottages adjacent, as well as the farm houses, throughout its course. It as usual, gave timely notice of its approach, and most of the in-

habitants fled; some few, however, remaining in the vicinity of it too long, endeavoring to save their furniture and effects were scalded by flashes of steam, which, without injuring their clothes, took off not only their skin but their flesh. About sixty persons were thus miserably scalded, some of whom died on the spot, or in a few days after. Numbers of cattle shared the same fate. The judge and principal inhabitants left the island very early. The consternation and anxiety were for some days so great among the people, that even their domestic concerns were abandoned; and amidst plenty, they were in danger of starving. Supplies of ready baked bread were sent from hence to their relief, and large boats were sent to bring away the inhabitants.

REMARKS *on the* FUNCTIONS *of the* STOMACH, *and on the singular Case related by* JACOB HELM, *Physician in Vienna, &c. in a* LETTER *from Professor* WATERHOUSE *to Professor* MITCHILL, *dated, Cambridge, March 5,* 1808.

In pages 16 and 17 of my lecture "*On the general doctrine of Chronic Diseases,*" and particularly "*on the evil tendency of the use of* TOBACCO *upon young persons; more especially of the pernicious effects of* SMOKING CIGARS, *with observations on the use of* ARDENT *and* VINOUS *spirits,*" I inserted a note which excited considerable notice, and gave occasion to some good humored raillery among my friends who would frequently enquire after the good woman "*with a hole in her stomach!*" The note stands thus: "Opportunities of looking into the stomach of a living subject are very rare indeed. I remember but two instances on the records of medicine. One was a woman in the general hospital at Vienna, in 1798. She had her stomach perforated by a wound, which could not be closed up. Through this wound her food might be seen. When any indigestible food created uneasiness, as *sour-crout,* she

took the oppressive food out with her fingers, and washed her stomach with water, and this always relieved her, and revived her appetite. Milk was observed to curdle instantly, except when she had carefully rinsed out her stomach: in this case, says Dr. *Jacob Helm,* whose patient she was, the coagulation did not take place till after some time, for want he supposes of gastric liquor. The coagulation could be expedited, by irritating the inner surface of the stomach with the finger. Ass's milk was longer in coagulating than cow's milk. The last coagulated in a few moments. Eggs and cheese were quickly digested, but not so soon as fresh meat. Vegetables in general were longer undergoing this process; of these, potatoes and carrots passed off soonest." My credulity in giving place to this singular narrative in my publication, has repeatedly occasioned a little merriment at my expence. My only defence was, that I had taken the case from some British publication; that I found it in my book of extracts; but I had neglected to notice what publication. When a new impression of the lecture was spoken of, some of my friends seriously advised me to leave out the German woman, "*with a hole in her stomach.*" I said but little; nevertheless I went on believing; and determined to write to my correspondent, Dr. *De Carro,* at Vienna, who has rendered himself famous by his successful transmission of the vaccine virus to the vast regions of the *East.** My first letters, *via* England, never reached him; my second through France, had a better fate, and procured me a full and highly satisfactory answer to my queries respecting a woman who could give visible proofs of the powers of her digestive organs. This gentleman says, "There is not the least doubt

* He sent vaccine matter from Vienna to Bagdad, and may be said to have laid the foundation of the oriental vaccination,

of the truth of the fact, which you have mentioned in pages 16 and 17 of your lecture. Several of my medical friends have invited this woman to dinner, in order to see that extraordinary patient. I knew Dr. Helm perfectly well, and you may rely entirely upon the accuracy of his report. In the supposition that the original publication of this case has not reached you, I here send it to you from the author." The book is in German ; † and I am mortified in confessing that

† Translation and Abstract from Dr. JACOB HELM'S *Zwey Khranken Geschickten,* published at Vienna in 1803 ; *ein weib mit einem loche in dem magen,* &c. &c. by S. L. M.

Theresa Petz, of Breitenwaida (a village seven miles from Vienna) is fifty-eight years old, the mother of seven children, and had fortunate lalours, though they lasted from twenty-four to thirty hours. Her father, a grey headed man of seventy-three years, was obliged for the last seven years of his life, to keep his bed in consequence of severe pains of the gout, although he had before enjoyed the most perfect health. Her mother's health had been lasting for she reached her seventieth year. Our patient continued in fine health until her twentieth year, and with the exception of the small pox, never suffered any of the diseases incidental to children and still less had she any marks of scrophula. In her twentieth year, her menses occurred and returned every month without remarkable inconvenience. She connected herself, in her thirty third year, with Paul Petz, a blacksmith, and was very healthy in her marriage ; she did not perform field labour only, but also that of the shop, in the society of her husband, without remarkable fatigue. However, she had borborygmi, which were not accompanied with pain. From 1782 to 1796, she had seven fits of cholic, vomiting and scarlet fever, with violent burning and stitches in the side. She was attacked by some of these diseases almost every

I am ignorant of that language, seeing I had so good an opportunity of learning it, during the four years I resided at Leyden. The engraving at the end of the book represents, I perceive, the aperture through the muscles into the stomach. To remove all doubts from my mind respecting this singular case, Dr. Helm has sent me the identical perforated tubes of wood, and of metal, and also the identical little linen bag, which he had used to ascertain the powers of this wo-

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third week, which, however, during her pregnancy were much less severe, but never wholly absent. In 1787, she felt, whenever she stooped to the ground, an itching pain, which was frequently as violent as if a dog was gnawing her stomach. It was believed to be a cramp of the stomach, and several remedies which were employed, seemed to give relief from time to time. A plaister that was applied to the region of the stomach, freed her a whole year from the pain. She suckled her children herself, but none reached their twelfth year; the most of them died a few months after their birth. For five years she had no menstrual evacuation without producing a remarkable relief from her pains; and when the menses returned in 1790, but one day, she was big with her seventh and last child. While pregnant, all her complaints were considerably diminished; and when half of her time was over, she perceived a swelling on the side of the stomach of the size of a nut, of a colour like that of the skin, which produced great pain whenever touched. After she lay in, all the circumstances were as before, except the vomiting, which had ceased. Whenever chilly weather was at hand, the pains of the stomach became so violent, that the patient was obliged to roll herself upon the ground. Her appetite was always very good, only she dared not fill the stomach with too much food and drink, because they augmented her pains. The tumour now began to enlarge in size and

man's stomach upon various articles of food, which were put in and taken out of her stomach, as you would biscuit in an oven! I am not a little gratified in finding this doubted case so amply confirmed. My correspondent informs me, that my lecture on the evil effects of tobacco, was soon to appear in a German translation, in which my notice of this extraordinary case would be adverted to. He says the aversion to smoking was extreme among the French, but that among the

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hardness, and in 1796 extended as far as the navel. All the physicians consulted upon the case, unanimously declared it was an induration of the spleen, and prescribed different external and internal remedies; but all proved useless. The only remedy which gave relief, was a mixture

of which she took a spoonful now and then. In 1796, she was attacked with anasarca. She was then very weak, and expected soon to be relieved from her miserable and painful situation. But as the swelling in April 1797 broke by incautious pressure, and a pint or a pound of a thin and yellowish matter discharged, her pains were diminished, and also her dropsical effusion diminished from day to day, and wholly disappeared in a fortnight. The opening of the tumour was at that time of the size of a lentil, and there issued from it already small particles of the food she had taken, as the patient herself related. The author then begins his own observations: When he was called he found her very weak and emaciated. Under his prescriptions the opening grew larger and larger, and by the month of July he could introduce his finger into her stomach. The back part of the stomach advanced, and was more plainly discernible through the opening. He often introduced a catheter as far as the upper and lower orifice of the stomach without giving the least pain to the patient, or provoking the smallest disposition to vomit. During the five years he attended to this

evils of the revolution was the disgusting habit of smoking; he hoped, however, that as they returned to courtly manners, they would leave their pipes in their camps and guard houses. They have given, I am also informed, a French translation of this trifling publication at Geneva, where, I learn, they have not been displeased with the compliment paid them in page 21, viz. "Cannot wisdom devise a plan of social intercourse, independent of the stimulus of the bottle? It is said such plans existed in the city of Geneva, before the French inflicted the benefits of *their* liberty on that philosophic people."

On the subject of vaccination, he gives a very satisfactory account. It is practised at Vienna, and other cities of Germany, without opposition; while I find, by letters just received from Dr. Jenner, that it is obstinately opposed by some in England. He tells me that there are some prejudices

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case, he made the following observations: She always attended to her domestic employment, and was mostly in good spirits. Her food was simple, as is generally the case with poor people. She would sometimes take milk and water to wash out her stomach through the orifice, and relieve herself from the surplusage of food by the same way. After washing it out and putting on the dressing, she was obliged to take food to relieve her distress and uneasiness. The opening was too inches in diameter; the margin was callous and almost as hard as gristle, and being destitute of cuticle, was painful when touched. When she rode in a waggon, or was subjected to considerable motion, the bile came into the stomach and issued from the orifice; it tasted very bitter; did not mix with the gastric juice, but instantly curdled the milk mixed with it. In 1800, she was able to walk to Vienna, and shew herself to physicians and other curious persons, and also to do her field labour, &c. &c.

so deeply rooted among the common people, that a long time must elapse before they can be eradicated. This distinguished German, who is a botanist and an agriculturist, has taken great pains to introduce the Chinese, or *dry* rice into Germany; and has sent me a few seeds to make a trial in the soil of New-England. It is the mountain rice, that is cultivated in various parts of the peninsula of India and in China. It grows in *dry* soils, and does not require natural or artificial marshes. If we could introduce this mountain rice, or a rice that will grow not in a *fever and ague soil*, but in a dry and healthy region, we should have reason to bless the name of the introducer of it. It was carried into the Isle of France from Malabar. He received 250 grains of it from China by the means of the Russian embassy, and it has ripened at Vienna. He has sent me some of the original seed, which I value equal to so many diamonds. As soon as the season admits, I shall commit them to the fostering care of our mother earth, and the result shall be communicated to you by your friend,

BENJAMIN WATERHOUSE.

Med. Repos.

Account of a dead body found under the porch of Christ Church, in Boston, in a high state of preservation.

A circumstance occurred a short time since, while the workmen were repairing Christ Church, in this town, and erecting some new tombs under it, that deserves to be recorded in the Anthology. The ground under the porch at the entrance of the Church was directed to be dug up, this spot having been given for the erection of two tombs. At the distance of six feet from the surface, a grave was discovered, in which was found a coffin of hard pitch pine, commonly called the Norway pine, very little decayed, which on being opened, contained another of the same wood, very

handsomely made, and not at all injured; the lid of this being lifted, shewed a body wrapped in tarred sheets, that on being removed from the face, presented the countenance of a man that appeared quite recently to have died; his face was fresh and florid as though he had been just shaved; the flesh hard to the touch, and every appearance of a new corpse, from a short and not painful illness; two or three sprigs of myrtle or box green as just from the stock were also laying on the outside of the tarred sheets. Both coffins had on their lids, in brass nails, the letters I. T. and a grave stone, at the head of the grave, declared the person interred there, to be Mr. John Thomas, of the island of Barbadoes, aged forty five years, who died the twenty-fifth of June, A. D. seventeen hundred and twenty six, more than eighty two years ago. The number of persons who came to see this curious fact, from the fineness of the preservation, and the manner of it induced the wardens to direct the coffin to be closed again and buried, which it is, at the N. E. corner of the church. The soil under the church was a yellow clay, mixed with small stones and some gravel. Whether the body had been partially embalmed previous to the interment is not known; but the verdure of the sprigs of myrtle induces one to think it may be owing wholly to the exclusion of external air; yet his being of Barbadoes, and such care taken of the corps, with a view perhaps to removal, would occasion one to imagine the intestines had been taken out, and herbs substituted. The fact is, however, as stated and the curious may draw their own conclusions. [*Boston Anthology.*]

PRIZE MEDAL.

The Medical Society of Philadelphia being desirous to promote the cultivation of experimental medicine, and conceiving that their views in this respect may be best effected by

holding out as an incentive to individual enterprize some token of distinction, have resolved to offer a gold medal of the value of fifty dollars, for such an essay as may meet with their approbation on the following question:

What is the process which nature employs to nourish the Fætus in Utero?

The society, in order to prevent any mistake or perplexity now explicitly state the regulations which they have adopted, and mean strictly to observe,

First—That the essays for the medal must be inquiries into the subject, conducted by experiments, pertinently devised and accurately executed.

Second—That the essays must be written in the English language.

Third—That the essays must be transmitted post paid, to either of the corresponding secretaries of the Society, Dr. Joseph Klapp, or Dr. Samuel Benezet, in time to be received on or before the first day of December next.

Fourth.—That with each essay the name of the author must be sent in a separate enclosure, not to be opened by the Society unless the medal shall be awarded to the essay.

Fifth—That in case the author of one of the essays shall disclose; or cause his name to be disclosed, the society deeming his pretentions to the medal to be thereby forfeited, will discard his essay from their adjudication.

JAMES SMITH,

Philadelphia, February 20, 1809. *Recording Secretary.*

Observations on the weather and diseases in the winter of 1808...9 *in the city of New York,* by Dr. Ricketson.

The first winter month began pretty cold, and continued so most of the time, though not without some intervals of moderate pleasant weather.

Early in the second month of this season, the cold increased, and the ancient and common observation, that "as the days lengthen the cold strengthens," was verified. This, though a general remark has not always held; for on viewing my Meteorological Register in the winter of 1790—1, I find the first month of that season was much the coldest.

The coldest days which I have noticed in the present winter, were the thirteenth and twenty-sixth of the second month, when the Fahrenheit's Thermometer stood at thirteen, and on the ninth of the third, when the same stood at six degrees. These were called great extremes of cold by some—but they were far less than what occurred on the tenth of the second winter month 1797, when I observed the quicksilver to stand at twenty degrees below 0, in the above scale, in Dutchess county.

It is said, that it stood at Albany, on the twelfth of the last winter month of this year at seventeen below 0.

There fell many snows, but none deeper here than ten or twelve inches, which rendered it most of the season good sledding; of the convenience of which our citizens availed themselves.

We had but few rains this winter and very little thawing or open weather of long continuance—in short, the season resembled, both in steady cold and snow, the winters of former more than those of latter years.

There was very little southerly wind during the whole winter.

There occurred early in the winter and continued through the season, a great prevalence of colds and catarrhal complaints, and particularly a painful affliction about the head and throat, which in some instances attacked the muscles, inducing rheumatic tooth-ache, and in many others settled on the tonsils, or other adjacent glands, constituting quinsays, attended with highly inflammatory symptoms, and re-

quiring early and plentiful evacuations by bleeding, purging and sweating.

This affliction of the throat was very common, and in some families, it passed generally through them.

Some cases of violent colds were observed, approximating nearly to influenza.

Pneumonic and Rheumatic complaints were among the diseases of the season; but not more common than usual within observation.

The same may be said of Typhus fever, croup and consumption. The whooping cough and mumps have been prevalent, and several deaths of the former have occurred.

The scarlet fever has continued to prevail throughout the winter; and, in some instances, pretty severe; though far less so than I observed it in 1793 and 4, when it was attended with great mortality. This being a disease of high excitement, may not the Digitalis he usefully administered in the early stage of it?

I lost a patient of Dyspepsia, whose stomach I suspected to be in a scirrhous state, which, on dissection after death, I found to be the case, the smaller and lower extremity being much contracted, and the pylorus almost closed, which prevented food from passing into the intestines. My suspicion being strong, I found, on minute enquiry after death, that he had been in the practice of drinking spiritous liquors, though rarely to the degree of intoxication.

The above instance ought to be an alarming caveat to tipplers and dram drinkers, who, though they may not be drunkards, are in constant danger of being injured in their health, and of being hurried to a premature grave.

Notwithstanding the established efficacy of the Vaccine disease, when properly conducted, in securing the human constitution against the small pox; and notwithstanding the exertions and practice of many physicians to encourage the

former, and to discourage the latter, with the kind offer of the Kine-Pock institution, or Dispensary, in this city, to extend its benefits to the poor, the Small-Pox still keeps alive; and it is true, though unpleasant and strange to relate, that about seventy deaths are recorded in this city's bill of mortality, for the winter, of this loathsome disease, which might be expunged from the list of human maladies and suffering.

That the prejudices of mankind are not suddenly removed, may be seen in the introduction of the inoculation for the Small-Pox; and is further exemplified in the practice of Vaccination, which will, perhaps, never be without its opposers. This calls for great vigilance and perseverance in humane and philanthropic minds to discourage by every exertion a sore and mortal disease, and to extirpate it with one, so mild as hardly deserves the name, and promises one of the greatest blessings to the human race.

It would doubtless be acceptable to the public, to have published quarterly, or yearly, a comparative view of the bills of mortality, with the several diseases, in the principal cities and towns throughout this continent. [*Monitor.*]

No. 7, Cherry-street, N. York,
2d Month 28th, 1809.

PRIZE MEDAL.

Extract from the minutes of the Philadelphia Medical Lyceum, February 22, 1809.

The committee appointed by the Medical Lyceum of Philadelphia, to examine the different Dissertations submitted for the Medal offered by the society, having reported, that in their estimation, the question proposed was still left in much uncertainty, though several of the essays were eminently distinguished, by ingenuity, and patient research; the

Lyceum came to a resolution, at a meeting on the fifteenth instant, to hold out the subject for further investigation.

The Lyceum therefore, again announces, that they will give a gold medal of the value of fifty dollars, for such essay as may receive their approbation on the following question:

"Does the surface of the human body absorb any substance, nutritive, medicinal, or poisonous?"

The society requires;

First—That the dissertations be written in the English language, and that they contain experiments widely diversified and of a pertinent, original and decisive kind.

Second—That the dissertations be transmitted, post paid, to their corresponding secretary, so that they may reach him on or before the first day of December next.

Third—That with each dissertation the author's name must be sent in a separate enclosure, not to be opened by the society, unless the medal shall be awarded to the dissertation.

Fourth—That the authors of the dissertations be kept secret. In case any one of them shall disclose or cause his name to be disclosed, the Lyceum will discard the essay from their adjudication.

By order of the Society,

J. C. ROUSSEAU, M. D.

Corresponding Secretary.

Practical observations on the Uterine Hemorrhage, extracted from Mr. Burns's obstetrical works.

Of all the accidents to which a pregnant woman is exposed, none is more alarming or troublesome than Uterine Hemorrhage, when it occurs in the advanced stages of gestation, or after the delivery of the child. This, from its extent and impetuosity, has aptly been called a flooding; and

from the frequency of its occurrence, it must be extremely interesting to every practitioner.

The ovum is connected with the uterus by means of a vast multitude of delicate vessels, which pass almost at every point from the one to the other. These vessels are large where the placenta is attached; smaller where they pass into the decidua.

As the ovum corresponds exactly to the inner surface of the uterus, and is in close and intimate contact with it, we find that as long as this union subsists, the vessels, notwithstanding their delicacy, are enabled to transmit blood without effusion. But whenever a separation of the one from the other takes place, then these vessels are either directly torn, or, even supposing them to extend a little, they must be ruptured by their own action; or, by the force of the blood which they receive and circulate. When this happens, an extravasation or discharge must be the consequence, which will be greater or smaller in proportion to the number and magnitude of the vessels which have given way, and the strength of the action, which exists in the sanguiferous system.

The membranes are never so full of water as to be put upon the stretch, and therefore they cannot forcibly distend the womb, and make pressure on its inner surface. The womb again, during gestation, does not embrace the membranes tightly, so as to compress them. Hence it is evident that when rupture first takes place, no resistance can, by the action of the one upon the other, be offered to the flow of the blood. The consequence of uterine hemorrhage, when considerable, is, that the force of the circulation is diminished: faintness or absolute syncope being induced. The blood in this state flows more feebly. Coagulation is allowed to take place, and the paroxysm is for the present ended. Re-union, however, when the separation is extensive, and the coagu-

lum considerable, cannot be expected to take place; and therefore, when the clot loosens, a return of the hemorrhage is in general to be looked for.

One or more copious discharges of blood must injure the functions of the uterus, and ultimately destroy altogether the action of gestation. This tends to excite the muscular action of the uterine fibres; and by their contraction two effects will be produced. The uterine vessels will be diminished in their diameter or capacity, and the whole surface of the womb pressing more strongly upon the ovum, a greater resistance will be given to the flow of the blood.

Thus it appears, that nature attempts to save the patient in two ways. First, by the induction of a state of faintness, or sometimes of complete syncope, which tends to check the present attack. Secondly, when the hemorrhage is so great or obstinate as to prevent any possibility of the woman going safely to the full time such effects are produced as tend to establish muscular contraction, and accelerate expulsion. This double process ought, in all our reasonings, to be held in view.

Uterine contraction is of two kinds, which may be called permanent and temporary. The permanent is that continued action of the individual fibres by which the uterus is rendered tense, so that it feels hard if the hand be introduced into its cavity. The temporary is the greater contraction which is excited at intervals for the expulsion of the fœtus producing what are called the pains of labour.

In those cases where nature effects a cure by expulsion, or the production of labour, it is chiefly to the permanent or tonic contraction that we are indebted for the stoppage of hemorrhage; because this contraction lessens the size of the vessels, and keeps up a firm pressure of the uterine surface upon the ovum, until the pains have accomplished the expulsion or delivery of the child. The pains alone could not do

this good; for, coming only at intervals, their effect would be fugacious. On the other hand, the permanent contraction would not be adequate to the purpose without the pains; for these temporary paroxysms excite this action to a stronger degree, and be ultimately forcing down the child, accomplishing delivery before the powers of the uterus be worn out.

Such are the steps by which the patient is naturally saved. But we are not to expect that these shall in every instance, or in a majority of instances, take place at the proper time, or in the due degree. The debility and syncope may go too far, or the clots may not form in proper time, or may come away too soon, or too easily. The action of gestation may continue, notwithstanding the violence of the hemorrhage. Thus preventing the accession of muscular contraction, or before this contraction be established and the child expelled, the discharge may have been so great and constant, as to render the efforts of the womb weak and inefficient; and by still continuing, may destroy them altogether.

These circumstances being considered, it will be evident, that although when the injury is small, and the discharge trifling, nature may permanently check it, or, in more serious cases, may preserve the woman by the expulsion of the child; yet we cannot, with prudence, place our whole reliance on her unassisted operations.

There is also another circumstance relating to a particular species of flooding, which renders the accomplishment of a natural cure or escape still more doubtful. This is, that the placenta is sometimes attached to the os uteri, which necessarily must produce a hemorrhage whenever the cervix comes to be fully developed, and the mouth to open.

The vessels going to the placenta are much larger than those which enter the decidua; and, therefore, if part of the placenta be detached, the quantity and velocity of the discharge must be greater, and the effects more to be dreaded,

than when a part of the decidua alone is separated. If the placenta be detached, the quantity and velocity of the discharge must be greater, and the effects more to be dreaded, than when a part of the decidua alone is separated. If the placenta be fixed near the cervix uteri, and a part of it be detached, then the blood which is effused will separate the membranes down to the os uteri, and a profuse hemorrhage will appear. But sometimes if it be fixed to the fundus uteri, the blood may be confined, especially if the separation have been trifling, and a coagulum will be formed exterior to the membranes; the lower part of which will still adhere to the uterus; or if the central portion of the placenta have been detached, a collection of blood may be formed behind it, but may not extend beyond its circular margin.* But if the placenta be placed over the os uteri, then the case is different, profuse discharge will take place, sinking the whole system, and very much enfeebling the uterus itself, so that when uterine contraction does come on, it will be weak, and incapable of speedily effecting expulsion, even although the contraction should be brisk and powerful, it cannot, owing to the structure of the placenta, do the same good as in other cases of flooding; and therefore, in every instance, much blood will be lost, and in many, in very many, the patient, if we trust to this contraction alone, will perish. The cells of the placenta communicate with each other, and blood sent into it at one part by the uterine vessels, may escape

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* An important case of this kind is related by Albinus. Vide Acad. Annot. lib. i. p. 56. Some cases are also mentioned by M. Baudelocque. In one of these the womb was considerably distended. Afterwards slight pains came on, some clots were discharged, and the woman became very weak; she was then delivered without success. Vide system, &c. part iii. chap. i.

by that part which is over the os uteri, which being separated from it, is consequently unsupported. Contraction can only be expected in this case to do good, when it is powerful, and the pains come on so briskly, as speedily to empty the uterus at the same time the coagula shut the mouths of the placental vessels at the unsupported part.

It has been a common opinion, that flooding proceeded always from the detachment of part of the placenta; but this point is not established.* In several cases of uterine hemorrhage, the placenta will be found attached to the fundus uteri: and we cannot suppose, that in all of these, the whole extent of the membranes, from the placenta to the os uteri, has been separated; yet, this must happen, before discharge can in these circumstances appear. We can often account for the hemorrhage, by supposing a portion of the decidua to be detached; and we know that the vessels about the cervix, are sufficiently able to throw out a considerable quantity of blood, if their mouths be opened.

Observations on Bots *in Horses; communicated by Dr.* Amos Hamlin, *of Durham, Greene county, (New York,) to Dr.* Mitchill.

Agreeably to the request you made me, from Albany,

* Long ago, Andrea Pasta questioned the opinion, that flooding was always produced by separation of the placenta. Vide Discorso del flusso di sangue, &c. We are not, however, to suppose, that hemorrhage does not proceed from detachment of the placenta in any instance, when it is placed high up, but only that it is a rare occurrence. When the stream is rapid and profuse, we have every reason to suppose, that part of the placenta is separated; but if we have occasion to deliver, it will generally be found that it is placed close by the cervix uteri, or at least not very far from it.

(some years since) I send you the result of some of my physical inquiries and observations. The communication that I now make, is the result of the experiments and observations, that I have made on the bots, a worm that infests the bowels of the horse, and often proves fatal to that useful animal. In the month of May, 1800, one of my horses was troubled with the bots, and voided a great number of them. I took several of them as soon as they were discharged, and enclosed them in dry horse dung, and put them into a bottle, and stopped it tight, and had the satisfaction to see them transformed into a chrysalis in the course of three days; in which state they continued about five weeks, and then were hatched, into (what is called in the country) a horse-bee or nitter. I was not surprized to see them produce that insect; for the observations that I had made on the appearance of that fly, led me strongly to suspect, that that would be the result. The next thing to be ascertained was the product of the nit, which the aforesaid fly deposited on the hairs of the horse. I cut off a bunch of hair from my horse, which had a great number of nits attached to it, and inclosed it in a very transparent glass, and found in twelve days, that the nits had produced an insect, almost imperceptible to the naked eye; but with a magnifying glass I found them exactly to resemble the bot. The next difficulty that presented, was to ascertain, how the bot insinuated itself into the bowels of the horse. I found the horse frequently to bite and rub the part in the vicinity of those nits, which led me to believe that he swallowed some of them with his food, and they produced the bot after being in the stomach; but the observations that I have since made, lead me strongly to suspect that I was mistaken in that particular; for on separating the hair in the vicinity of those nits, and viewing the skin minutely, I could discover these insects with the naked eye; and on taking a look through a magnifier, could see a great number of them; and they appeared

to be insinuating themselves into the texture of the horse, through the pores of the skin. I must leave it to more able naturalists to determine the reasonableness of the above conjecture; but it is a fact that some had so far penetrated into the skin as to be almost out of sight. I have taken unwearied pains to ascertain the length of time the nit remains on the hair of the horse, before it produces the bot, and find that it is regulated entirely by the state of the atmosphere; and that in very warm weather, they do not remain in that state more than eight days at most, but in cool weather they continue much longer. Would not scraping the nits off every two or three days, prevent the horse from having the bots? Wetting the nits in common rum, or spirits of terebinthina diluted, will prevent them from hatching. I have tried a great number of medicines, in order to dislodge the bots from the bowels of the horse, and have been disappointed in almost every case; but have been sometimes successful, when I have given the Rad. Irid. Palustris. I have known a horse to discharge a great number, after taking plentifully of that root in a fresh state.

To endeavour to investigate the resources of nature is a pleasing research, and I know of no better way to become acquainted with the perfections of Deity, than through the works of Nature.

The horse is a very useful animal, and every discovery that has a tendency to prolong his life, is of public utility. I have but few leisure hours to spare for physical experiments, but my life is devoted to philosophical pursuits. I keep a journal of all remarkable occurrences that take place in my practice, and the satisfaction I have in perusing the same, fully compensates me for my trouble.

I have begun a course of experiments and observations on the worms that infest the human body; but have made but little progress in that research; yet I am not without hopes

of being able, hereafter, to throw some light on that intricate subject. Sir, if you think the observations I have made on the Bot, will be of any service to the public, you are at liberty to make such use of them as you shall think proper.

With the utmost respect for your private and public character, and my best wishes for your welfare, believe me to be your devoted and humble servant.

AMOS HAMLIN.

Hon. Samuel L. Mitchill.

Med. Repos.

LITERARY INTELLIGENCE.

Thomas Dobson of Philadelphia has lately published "Observations on the means of preserving the health of Soldiers and Sailors; and on the duties of the medical department of the army and navy: with remarks on Hospitals and their internal arrangements, by Edward Cutbush, M. D. of the navy of the United States." This work appears to be intended as a companion for the officer as well as the physician, and contains many useful hints towards the regulation, choice and discipline of troops.

The Medical world are indebted to Messrs Collins and Perkins of New-York, for a new edition of the Obstetrical works of Mr. John Burns, lecturer on midwifery, &c. &c. of Glasgow.—These consist of, "the anatomy of the gravid uterus; with practical inferences relative to pregnancy and labour; observations on abortion, containing an account of the manner in which it takes place, the causes which produce it; and the method of preventing or treating it; practical observations on the uterine hemorrhage; with remarks on the management of the placenta," and were originally published in three separate volumes, which, to say nothing of their exorbitant price, were rendered if not wholly useless, at least dangerous to many readers on account of the numerous errors contained in them, many of which were totally subversive of the author's meaning. Messrs Collins and Perkins have not only reduced the price, by comprising the three treatises in one volume, but have also, with competent assistance corrected the errors, and with these very just pretensions, they now lay claim to the patronage of the American faculty.

Messrs. T. and J. Swords of New-York, have just published No. I, of the "New-York Medical and Philosophical Journal and Review" a semi annual work, which gives promise of extensive utility.

Now in the press of Messrs Smith and Maxwell of Philadelphia, "Physiological Researches on Life and Death," by Xav. Bichat, translated from the French, by T. Watkins, physician to the Marine Hospital of Baltimore, &c. This work is published by subscription, and will be ready for delivery in the course of a few weeks. Gentlemen desirous of obtaining a copy, will please to transmit their names, &c. either to the above gentlemen or to Mr. George Hill, bookseller, Baltimore.

OBITUARY.

Died on the 10th January, on his passage to the West-Indies, Dr. JOHN SHAW, professor of Chymistry, in the College of Medicine of Maryland.

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